	2007 05:21 FAX 2					\ \(\)	0;: 2024429 J	9430 	PRINTED	2.5 005 10/22/2007 APPROVED
CENTER STATEMENT		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) M		I F CONSTRUC	TIO	V			0938-0391 RVCY
		09 G 119	B. WIN				- 1		10/05	5/2007
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>			EET ADDRESS			CODE		
IDI			İ		15 EDSON PL ASHINGTO	1 7	ii ii			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH Ì	COR	PLAN OF C RECTIVE ACTI RENCED TO T DEFICIENCE	DN SHO	JLD 8E	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	rs	W	000						
	conjunction with a conducted through full survey process selected from a res	7, a recertification survey in complaint investigation was October 5, 2007, utilizing the A random sample of five was idential population of two male ents with a diagnosis of tardation.						Collins of the collection of t		
	based on observat three day program staff, day placemen administrator, the G Professional, revie	survey and investigation were ion at the group home and is, interviews with group home at staff, the nutritionist, the Qualified Mental retardation w of medical and including the unusual			,			the continued of the co		-
	received an e-mail that described clied concerns. The con-	2007, the State Agency from the court monitor's office nt's care and treatment impliant alleged that there were of problems as detailed below:								
	day program, wate offered a second to resisted/refused the	iduals' return home from their influids were not given or ime to individuals who initially be water/fluids. In addition, of toileted or changed upon						and primary management to the state of the s		
	four staff members the time preparing	e observation period, one of the son duty spent the majority of dinner while the other three oradically interacted with the						to advantage and the second real second re		

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the figurards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays rollowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

DRM CMS-2567(02-98) Previous Versions Obsolete

Mancy Branch

3. "Class members' logs of community outings revealed that they had participated in only two

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Event ID; DWO411

Facility ID; 08G119

DRS

If continuation sheet Page 1 of 59

(X6) DATE

1119107

TO:2024429430

P.6 12006

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULT	IPLE CONSTRUCT	NO		X3) DATE SU COMPLE	
		09G119	B. WING_				10/0!	5/2007
NAME OF P	ROVIDER OR SUPPLIER		4	REET ADDRESS, C IS15 EDSON PLA WASHINGTON	E, NE	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	I (EACH CO	ER'S PLAN OF RRECTIVE AC ERENCED TO DEFICIENC	ION SHOU THE APPRO	D BE	(XS) COMPLETION DATE
W 000	outings during the 2007 - park and ch	age 1 period of September 1 - 19, urch. There was no evidence y outings occurred in August	W 000					
1	members, as well a of the review, lacks	prior reviews, direct care staff as the nurse on duty at the time ad basic knowledge of the rrent health care problems and						
-	positioning logs ind majority of their day	prior reviews, class members' licated that they spend the y sitting in their wheelchairs." Condition Level Deficiencies					-	
	from her day progra laceration on the rig Client #2 was taken treated, and releas forehead, which we	2007, when Client #2 returned am, she was "found" with a ght side of her forehead. In to the emergency room, ed with staple(s) in her ere to be removed in seven reportable incident was not rt monitor's office."						
	neurologist's 8/2/07 monthly Dilantin an	evidence that Client #2's I recommendation to obtain I Phenobarbital levels for emented." [Substantjated and eficiencies Cited]				and the state of t		
	pounds, which is on There was no evide is being closely mo there was follow-up sonogram, which to	007, Client #1 has lost 13 yer 10% of her body weight. ence that Ms. Client #1's intake nitored and recorded or that to her incomplete study/pelvic bok place on June 29, 2007."				Transfer and the second		

NAU-9-20	07:11 FROM:	•				7	jo:20	24429	430		P.7
	2007 05:21 FAX		HRA			,	1	:		Ę	1007
	TMENT OF HEALTH							4 2		FORM	10/22/2007 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU IDENTIFICATIO	PPLIER/CLIA	(X2) MU	LTIPLE CONSTRU	dT(ON .			(X3) DATE S COMPLI	URVEY
~		090	3119	B. WING			<u> </u>	·		10/0	5/2007
NAME OF F	ROVIDER OR SUPPLIER		· <u>• = - • -</u>	-	TREET ADDRES	s, c	TY, STA	TE, ZIP	CODE	10/0	1312001
IDI	, <u> </u>		<u> </u>		4515 EDSON F WASHINGTO	1 1 1	11	019			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L	TEMENT OF DEFICI MUST BE PRECED! SCIDENTIFYING INF	ED BY FULL	ID PREFIX TAG	(EACH	CÓ	RECTI	VE ACT	CORRECTON SHOPE HE APPR	TION ULD BE OPRIATE	(X5) COMPLETION DATE
W 100	Continued From particles Deficiencies Cited] 9. "There was no edietician had condusted of the changes in Continued the changes in Content weight loss. The assessment filed in 8/13/06, and it was accurate portrayal of status." [Substantial Deficiencies Cited] 10. "In addition, altaregistered nurse, and series of Clieblood-glucose level and 54 (obtained or represented a mark blood-glucose level no evidence any fol abnormalities." 11. "Since March 2 sustained an unexpounds. As noted in Client #5's nurses' maddressed the client Substantiated - Star Cited] 12. "The numerous Health Risk Manage across the class me Program records, waccurate." 440.150(c) ICF SEFINSTITUTIONS	evidence that Clicted a review are client #1's nutrition of the client's nutrition of the client's nutred - Standard Level Definition of 39 (obtained agency Directed changed from 698 in April 20 low-up to these copies of the client #5 holained weight look of the prior review of the prior review of the prior review of the prior her QMRP's the copies of the client Plans, when the prior weight look of the client Plans, when the prior completers of the client prior the copies of the client plans, when the prior completers of the client plans are copies of the client plans are cl	nd assessment on status and autrition ord was dated rent or trition/weight .evel 's physician, tor of Nursing all don 8/21/07) in of which m her 1007, there was lass also ss of 8.5 w, neither reports [Particially iciencies lass members' lich were filed . ISP, and e, current, or	W 10	0 W100	The state of the s			The second secon	•	
	"Intermediate care f	acility services"	may include	•				;			
ORM CMS-25	67(02-99) Previous Versions	Obsolete	Event ID: DW0411	F	adiily ID; 08G119	1: 1:	1		f contin	uation shee	Pane 3 of 50

This STANDARD is not met as evidenced by:
Based on observation, interviews and record
review, the facility failed to ensure that each client
received continuous active treatment services,
[See W195]
483.410 GOVERNING BODY AND

(3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in \$483,440.

The facility must ensure that specific governing body and management requirements are met.

This CONDITION is not met as evidenced by:
The facility's governing body failed to maintain
general operating direction over the facility, (See
W104) failed to ensure that all personnel making
entries into the clients records wrote legibly,
dated and signed each entry (See W114) and
failed to ensure nutritional oversight on the facility
(See W)

W 102 W102

At time of him all staff receive initial training and review making entries into client records which one legible dated and signed.

all otall received additional training on documentation.

Also reference response to W114

ORM CMS-2567(02-99) Previous Versions Obsolete

MANAGEMENT

W 102

Event ID: DW0411

Facility ID: 09G118

If continuation sheet Page 4 of 59

10.26.07

ongoing

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	07 05:21 FAX 2	775.4			Ĭ				PRINTED: 1	n/22/2007
SCDARTM	ENT OF HEALTH	AND HUMAN SERVICES			į	1000	·		FORM A	PPROVED
CENTERS	FOR MEDICARE	& MEDICAID SERVICES	T.,,,,,,	LU TIDI	E CONSTRUC	non	1		(X3) DATE SUF	YEY
CATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LDING	į.		· · · · · ·		COMPLET	
		09G119	B. Wil				CTATE ZIEC	ODE	10/05	12007
NAME OF PRO	OVIDER OR SUPPLIER			STRE	ET ADDRESS, 15 EDSON PL	ACE	NE			
וסו				w	ASHINGTON	I, D	20019			
	CHAMADY ST.	ATEMENT OF DEFICIENCIES	10			خضخة	R'S PLAN OF C	IN SHC.	ULD BE 1	COMPLETION DATE
(X4) ID PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PRES TAC		CROSS-R	EFE	ENCED TO TH DEFICIENCY	E APPI	ROPRIATE	DATE
10/402	Continued From p	age 4	W	102	- O C		ce res	Inc	e	
1.	The existence offer	of these practices results in	Ì		# Kexer	عد	ce res			
1	ALL STRUCKS OF THE C	Watulua pady to ensure			1					1
ļ	continuous active clients. (See W19	treatment services for its	}							
W 104	483.410(a)(1) GO	VERNING BODY	\ \	/ 104			,			
1		dy must exercise general policy,								
	budget, and oper	ating direction over the facility.								
							;	i.		
	This STANDARD	is not met as evidenced by:								
	I meand on obcord	ations, interviews with staff, and ords, the facility's governing body	,\							
	l novided deneral	Operative ditections over me								\\ \\
-	facility except in	the following areas:	1							
•	The findings incl				a Refer	enc	e vespo	nse	to WI4c	4
	1. The facility fa	illed to develop and implement its	5					i l		
	established polic	cies to ensure the health and	ļ					1	unO!	1114.07
	1	ents. (See W149)			10 Refer	ren	ce nespon	ee+	0 W146	ongoing
	2. The facility fa	ailed to ensure that clients						1		رد موس
	I fee one of the fo	nuous active treatment program our clients in the sample in								
	Language Service With	recommendations made by we					, ,			
	- Latardianininoni	team (IDT) for two of the four in the sample. (See W196)	1				e response	101	11436	
	1				# Keler	erc	e teaponee			
•	3. The facility f	ailed to ensure that adaptive								
	l equipment ider	otified as needed by the y team were furnished and	ŀ							
	i provided (See)	W436)		VA/ 1	14 WII4		4	1		
W 11	(4 483.410(c)(4) (CLIENT RECORDS		74 1	17			}		
	Any individual record must m	who makes an entry in a client's ake it legibly, date it, and sign it.	1					-		
					Facility ID: 090	3118		1	f continuation	sheet Page 5 of
ORM CM	S-2587(02-99) Previous V	graiona Opsolete Event ID: Di	VU417		· comp to	1			-	
	- •	•						1		
,	•	•								

Nurse (LPN) on October 4, 2007 at approximately

completes quarterly nursing exams. Review of the Client #4's medical record revealed that a nursing assessment was completed in March 2007, with quarterly follow ups (June 2007, September 2007). However, the quarterly reviews were not signed to Indicated who had

3:00 PM revealed that the one of two RN

quarterly nursing exams

and sign upon completion

and behavioral status, attendant risks of treatment, and of the right to refuse treatment.

10/22/2007 05:22 FAX 2024429430

HRA

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PRINTED:	10/22/200
FORM A	APPROVE

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE					FORM	10/22/2007 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A BUILDIN	PLE CONSTRUCT ON G		(X3) DATE SI COMPLE	JŔVĘY
·	09G119	B. WING _			10/0	5/2007
NAME OF PROVIDER OR SUPPLIER		4	REET ADDRESS, GTY. \$15 EDSON PLACE, VASHINGTON, DC	NE		<u> </u>
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS REFERE	S PLAN OF CORRECTIVE ACTION SHOULD TO THE API DEFICIENCY)	KOULD BE	(X5) COMPLETION DATE
W 124 Continued From pa	ge 7	W 124	(WIZ4)	a common in the second		
Based on observativerification, the facieach client or their of the client's medicand behavioral statitreatment, and the cone of the four clien. The findings include During the entrance 2007 at 9:40 AM, the Retardation Profess Client #4 had a legal Support Plan (BSP) behaviors of self injustripping and mastured September 2: restrictive measures techniques used to On October 4, 2007 #4's record failed refor the use of the BS Client #4's records respective measures techniques used to Assessment dated for the use of the BS Client #4's records respective measures techniques used to Assessment dated for the use of the BS Client #4's records respective measures that the time of the supposition	e conference on October 2.		This Standar evidenced unformed c chent #4. Also refere W 263,	obtain wr onsent f	illen for	11.16.07 ongoing

This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility falled to provide receipts for withdrawals from the clients personal funds account for one of endenced by;

DEPART	MENT OF HEALTH	AND HUMAN SERVICES		FORM	10/22/2007 APPROVED 0938-0391
STATEMENT	S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION (X3) DATE SL COMPLE	
		09G119	B. WING	10/0	5/2007
NAME OF PI	ROVIDER OR SUPPLIER		4:	EET ADDRESS, CITY, STATE, ZIP CODE 515 EDSON PLACE, NE VASHINGTON, DC 20019	
(X4) ID PREFIX TAG	CAOU DESCIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 140	The finding include Review of Client # October 2, 2007 from the analysis of the analysis of the professional (QMF approximately 11: withdrawn was spewere no receipts howhen the monies of 483.420(c)(6) COI (CLIENTS, PARENT).	the sample. (Client #2) as: 2's financial was conducted on or Client #2. The review of the rom November 2006 through aied a withdrawal on November rount of \$500.00. Interview Mental Retardation RP) on October 3, 2007 at 200 AM indicated that the money rent on a recliner chair. There rowever to determine how or were spent. MMUNICATION WITH ITS & otify promptly the client's an of any significant incidents, or ent's condition including, but not illness, accident, death, abuse,	W 140	The Standard will be met as evidenced by: The QMRP will provide a receipt for the recliner chair. In the event a receipt for purchase of a recliner chair cannot be located and/or duplicated, funds will be reimbursed to client #2's account. The Home Manager will ensure that all receipts are filed on a monthly basis and the information is available for review.	10.24.07 ongoing
	Eased on interview failed to notify par incidents for one of the facility. (Client The findings included the facility of the facility and investigations approximately 8:2 the facility failed to			 The Standard will be met as evidenced by: QMRP will notify family members immediately of all significant incidents. QMRP will document person/s notified, and the date/time of notification/s on the incident report form. 	10.24.07 on going

DEPART	MENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES		•	PRINTED: 10/22/2007 FORM APPROVED DMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A BUILDIN	"	(3) DATE SURVEY COMPLETED
		0 9 G119	B. WING_		10/05/2007
NAME OF P	ROVIDER OR SUPPLIER		1 4	REET ADDRESS, CITY, STATE, ZIP CODE 1515 EDSON PLACE, NE WASHINGTON, DC 20019	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D.B.E. COMPLETION
W 148	Continued From pa		W 148		
		7, staff discovered Client #2 eter discoloration on her left			
	laceration to Client treated in the emer				
W 149	483.420(d)(1) STAI CLIENTS	F TREATMENT OF	W 149	W149	11.18.07
	policies and proced	velop and implement written lures that prohibit ect or abuse of the client.		This Standard will be met as evidenced by:	ongang
	Based on staff inter facility failed to esta unknown origin	s not met as evidenced by: view and record review, the ablish a policy on injuries of		Reference response to and W154. Incident Management will be reviewed/revised.	policy
W 152	failed to establish a reporting and investorigin. Interview with Retardation Profession? at approximation appropriate managements, however written in the Incides.	53 and W154] The facility policy and procedure on tigating injuries of unknown the Qualified Mental sional (QMRP) on October 2, rely 2:00 PM revealed that staffite an incident report, notify ement, family members, and all other governmental these procedures were not ant Management policy.	W 153	needed. • QMRP will provide additional staff training needed to further ensu compliance with this standard.	-
W 153	CLIENTS The facility must er mistreatment, negli	sure that all allegations of ect or abuse, as well as source, are reported	VV 133	_	

PRINTED: 10/22/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO: 0938-0391 (X3) DATE SURVEY

ATEMENT ND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	COMPLET	ED
	•	09G119	B, WIN		·	10/05	/2007
IAME OF PE	ROVIDER OR SUPPLIER	<u> </u>		45	EET ADDRESS, CITY, STATE, ZIP CODE 15 EDSON PLACE, NE (ASHINGTON, DC 20019	·	
(X4) ID PREFIX TAG	A E A OLD DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 153	immediately to the officials in accordance established process. This STANDARD Based on interview failed to ensure the including injuries of immediately to the officials according	administrator or to other ance with State law through dures. is not met as evidenced by: w and record review, the facility nat all unusual incidents of unknown origin were reported administrator and other at to district law (22 DCMR,		153	W153 This Standard will be met a evidenced by:	as	11.16.07 ongoing
	Chapter 35, Secticlients residing in and #7) The findings included the findings included the findings included the finding at 8:2 incidents had not agency as required. On April 17, 2 with a three cent thigh. b. On September a "rnark" on Client on Client d. On July 16, 2 scratch on Client d. On July 9, 20 abrasion on Client d. On June 24, 3 bruise on Client	on 3519.10) four of the eight the facility. (Client's #2, #3, #6 ade: ident reports on October 2, 2007 on AM revealed the following the been reported to the State red: 2007, staff discovered Client #2 imeter discoloration on her left er 11, 2007, the staff discovered at #3's left back arm. 2007, the staff discovered at #3's right back leg. 2007, the staff discovered an ent #3's left lower leg. 2007, the staff discovered at #6's right elbow.			 QMRP will report unusual incidents, injuries of unknow to the administrate other officials accordistrict law. Incident Manager review incident reprocedures on a robasis and provide appropriate follow actions as needed ensure compliance standard. Documentation of notifications will maintained on file review. 	including vn origin or and ording to will porting outine v-up to further e with this fall be	
1	f. On June 18,	2007, the staff discovered a blist	er			continuation she	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2PF CODE 4515 EDSON PLACE, NE STATE, 2	TATEMENT	S FOR MEDICARE OF DEFICIENCIES FORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(' '	ULTIPL	LE CONSTRUCTION	(X3) DATE SUF COMPLET	
## WASHINGTON, DC 20019 PASTID SUMMARY STATEMENT OF DEFICIENCIES EACH DEPRICENCY MUST REPRECEDED BY PULL FREEDLATORY OR LOS DENTIFYING INFORMATION). PREFIX TAG			09G119			·	10/05	/2007
### PREFIX FACTORY OR LOCATION OF INTERIOR INFORMATION PREFIX TAG		ROVIDER OR SUPPLIER			45	15 EDSON PLACE, NE		
on Client #7's right knee. 483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to consistently document thorough investigation of all injuries of unknown origin, for three of the eight clients that reside in the facility. (Client's #3, #6, and #7) The findings include: Review of the Incident reports on October 2, 2007, revealed the following incidents reflecting injuries of unknown origin were not investigated. a. On April 17, 2007, staff discovered Client #2 with a three centimeter discoloration on her left thigh. b. On September 11, 2007, the staff discovered a "mark" on Client #3's left back arm. c. On July 16, 2007, the staff discovered a scratch on Client #3's left discovered an abrasion on Client #3's left tower leg. e. On June 24, 2007, the staff discovered a bruise on Client #3's right elbow.	PREFIX	'EACH DEFICIENC'	Y MUST BE PRECEDED BY FULL	PREF	ix	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION
on Client #7's right knee		on Client #7's right 483.420(d)(3) STA CLIENTS The facility must haviolations are thore. This STANDARD Based on staff interfacility failed to convestigation of all three of the eight of (Client's #3, #6, and The findings included and the eight of the	ave evidence that all alleged bughly investigated. is not met as evidenced by: erview and record review, the insistently document thorough injuries of unknown origin, for clients that reside in the facility. Ind #7) de: dent reports on October 2, erfollowing incidents reflecting in origin were not investigated. 207, staff discovered Client #2 meter discoloration on her left in the staff discovered at #3's left back arm. 71, 2007, the staff discovered a #3's right back leg. 75, the staff discovered and the staff discovered at #3's left lower leg. 7607, the staff discovered a left in the staff discovered at #3's left lower leg.	. W		This Standard will be met evidenced by: • QMRP received di action for failing to incident investigate timely manner. • Incident investigate be completed for elisted incidents. • Information will be	sciplinary complete ions in a ions will ach of the e made	, ,

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE SI COMPLE	
		09G119	B. WING	·	10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019		-
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	lb PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 159	483.430(a) QUALI RETARDATION P	FIED MENTAL ROFESSIONAL	W 15	⁵⁹ W159		
	integrated, coordin	e treatment program must be lated and monitored by a latedation professional.		This Standard will be met evidenced by:	as	
	This STANDARD Based on observa review, the facility' Professional (QMI monitor, integrate active treatment p The findings include	is not met as evidenced by: tion, interview and record s Qualified Mental Retardation RP) failed to adequately and coordinate each client's rograms.	,	 Reference response Reference response Reference response DCMR, Chapter 3: 3519.10. Also referesponse to W153. 	e to W140. e to 22 5, Section erence	
	outside services m [See W120] 2. The facility's Q	met the needs of the clients. MRP to ensure receipts for he clients personal funds		4. Reference response5. Reference response	to W196.	ongoing
	account were available. 3. The facility's Quantity and incidents.	lable for review. [See W140] MRP failed to ensure that all including injuries of unknown		6. Reference response 7. Reference response	to W217.	
	administrator and	ed immediately to the other officials according to CMR, Chapter 35, Section 53]		Reference response Reference response		
		MRP failed to investigation of all norigin. [See W154]		10. Reference response		
	clients received a program for one o in accordance with	MRP failed to ensure that continuous active treatment f the four clients in the sample recommendations made by y team (IDT). [See W196]		11. Reference response 12. Reference response 13. Reference response	to W249.	
ORM CMS-25	567(02-99) Previous Verslor	s Obsolete Event ID: DWO41	<u> </u>	Facility ID: 00C140		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

TATEMENT	OF DEIFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		09G119	B. WING		10/05/2007			
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019					
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W 159	Continued From pa	age 14	W 159	W159, Continued				
	assessments had after admission by [See W210] 7. The facility's Q	MRP failed to ensure that been completed within 30 days the interdisciplinary team. MRP failed to ensure that a ment was completed. [See	· .	14. Reference response to	·			
	W2:17] 8. The facility's Q speech language	MRP failed to ensure that a assessment was coordinated to nt's communication needs.		16. Reference response to 17. Reference response to	W436.			
	strategies to staff, 10. The facility's clients' individual	QMRP failed to ensure that program plans (IPP) included all skills in both formal and						
	11. The facility's each client was p choice. [See W2	QMRP failed to ensure that rovided an opportunity for 47]						
	clients were provi	QMRP failed to ensure that ided the opportunities for treatment in accordance with rogram Plans. [See W249]						
	active treatment	c QMRP failed to develop an schedule that outlines current program when clients are home gram. [See W250]						
	14. The facility's that was reflectiv	QMRP failed to collected data e of actual client's performance.						

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	- ·		(X3) DATE SUF COMPLETI		
	09G119	B. WING _		10/05/2007		
ROVIDIER OR SUPPLIER	1	4	515 EDSON PLACE, NE		·	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETION DATE	
[See W252] 15. The facility's Corto justify the repthe previous year. 16. The facility's Cadaptive equipmer interdisciplinary temprovided. [See Wind of the appropriated and the appropriated applications. This STANDARD Based on record registed to ensure the staff was licensed applicable, to provide	OMRP failed to make revisions setition of the objectives from [See W260] OMRP failed to ensure that not identified as needed by the am were furnished and 436] OMRP failed to ensure Clients as size clothing. [See W137] OFESSIONAL PROGRAM Tam staff must be licensed, ared, as applicable, to provide ices by the State in which he or is not met as evidenced by: review and interview the facility at the Professional program d, certified, or registered, as vide professional services by he or she practices. es: Ords revealed the following who lacked evidence of a ers, the Physical Therapist and otical Nurses.	W 170	W170 This Standard will be met a evidenced by: Administrative Assobtain all required I for two Social Wordthe Physical Therape. The Human Resour department will obtour LPN licenses to enscompliance with the standard. Both Administrative Assistant and the Head Resources Department continue to monitor expiration dates of licenses certification professional staff to ensure compliance standard.	istant will icenses kers and ist. ce ain two sure is e luman nent will r and track required ons of	11-16-07 ongoing	
	<u> </u>			·		
	SUMMARY ST. IEACH DEFICIENCE REGULATORY OR IT Continued From pa [See W252] 15. The facility's Continued previous year. 16. The facility's Continued interdisciplinary temprovided. [See W152] 17. The facility's Continued interdisciplinary temprovided. [See W152] Professional programment of the appropriate the app	SUMMARY STATEMENT OF DEFICIENCIES i FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 [See W252] 15. The facility's QMRP failed to make revisions or to justify the repetition of the objectives from the previous year. [See W260] 16. The facility's QMRP failed to ensure that adaptive equipment identified as needed by the interdisciplinary team were furnished and provided. [See W436] 17. The facility's QMRP failed to ensure Clients had the appropriate size clothing. [See W137] 483.430(b)(5) PROFESSIONAL PROGRAM SERVICES Professional program staff must be licensed certified, or registered, as applicable, to provide professional services by the State in which he or she practices. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure that the Professional program staff was licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices. The finding includes: Review of the records revealed the following professional staff who lacked evidence of a current license: Two Social Workers, the Physical Therapist and two Licensed Practical Nurses. 483.430(b)(5)(x) PROFESSIONAL PROGRAM	SUMMARY STATEMENT OF DEFICIENCIES BEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 [See W252] 15. The facility's QMRP falled to make revisions or to justify the repetition of the objectives from the previous year. [See W260] 16. The facility's QMRP failed to ensure that adaptive equipment identified as needed by the interdisciplinary team were furnished and provided. [See W436] 17. The facility's QMRP failed to ensure Clients had the appropriate size clothing. [See W137] 483.430(b)(5) PROFESSIONAL PROGRAM SERVICES Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure that the Professional program staff was licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices. The finding includes: Review of the records revealed the following professional staff who lacked evidence of a current license: Two Social Workers, the Physical Therapist and two Licensed Practical Nurses. 483.430(b)(5)(x) PROFESSIONAL PROGRAM W 186	ROYIOER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES IRACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR ISC IDENTIFYING INFORMATION) Continued From page 16 [See W252] 15. The facility's QMRP failed to make revisions or to justify the repetition of the objectives from the previous year. [See W260] 16. The facility's QMRP failed to ensure that adaptive equipment identified as needed by the interdisciplinary team were furnished and provided. [See W436] 17. The facility's QMRP failed to ensure Clients had the appropriate size clothing. [See W137] 483.430(b)(5)(x) PROFESSIONAL PROGRAM SERVICES Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices. This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure that the Professional program staff was licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices. The finding includes: Review of the records revealed the following professional staff who lacked evidence of a current license: Two Social Workers, the Physical Therapist and two Licensed Practical Nurses. Two Social Workers, the Physical Therapist and two Licensed Practical Nurses.	CONTRECTION CONTRECTION CONTRECTION NUMBER A BUILDING B WING	

PRINTED: 10/22/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FCR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391

TATEMENT ND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE LDING	E CONSTRUCTION	COMPLET	
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NAME OF PE	ROYIDER OR SUPPLIER			451	ET ADDRESS, CITY, STATE, ZIP CODE 5 EDSON PLACE, NE ASHINGTON, DC 20019	≣ .	
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W 180	To be designated professional, an ibachelor's degre (including, but no	page 16 If as a human services If as a human services If an an human services field If a human s	W	180	MINOO		
	Based on review no evidence that Mental Retardati	o is not met as evidenced by: of personnel records, there was the facility had hired a Qualified on Professional (QMRP) in the federal regulations.			W180 This Standard will be mevidenced by: Reference response to V		11.23.07 ongoing
W 193	revealed that sh years in coordin persons with me QMRP's educat indicated that sh bachelor's degree human services the educational federal regulation 483.430(e)(3) Staff must be a techniques nec	e QMRP on October 2, 2007 e had been working for many ating and monitoring services to ental retardation. Review of the ional credentials, however, ne does not hold at a least a see in an area designated as a professional category or meet qualifications as specified by ons: (See W159) TAFF TRAINING PROGRAM ble to demonstrate the skills and essary to administer interventions	\ \ \	<i>l</i> 193	This Standard will be me evidenced by:		
	This STANDAR Based on obserview of recordemonstrate of Behavior Supplements	nappropriate behavior of clients. D is not met as evidenced by: rvations, staff interviews and the ds, the facility staff failed to ompetency in implementation of ort Plan (BSP) for one of the five ample. (Client #4)			 Client #4's person will be assessed/e Activity schedule 4 will be reviewed as needed. 	evaluated. for client #	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

TATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 10/22/2007 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		COMPLET	
•		09G119	B. WING		10/05	/2007
NAME OF PI	ROVIDER OR SUPPLIER			EET ADDRESS, CITY, STATE, ZIP CODE		- ·
IDI				15 EDSON PLACE, NE ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	/EACH DEFICIENC	AYEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X\$) COMPLETION DATE
W 193	Continued From p	age 17	W 193	QMRP will conduct additional training to in	•	
,	The finding include The facility failed to written. [Also See	to implement Client #4's BSP as		but not limited to; adher to mealtime protocol, implementation activity schedule, interaction as	y	
	On October 3, 200 Client #4 was obsidehaviors during direct care staff in won't have that".	O7 at approximately 12:30 PM, erved exhibiting face slapping lunch. During the behavior, a stervened by stating, "Oh, no we The client momentiarly stopped	·	active participation of individuals in their dai routines, behavior supportant & positioning.	ly oort	11.20.07 ongoing
	intervention from the strategies rev 2:00 PM, the staf not, then the staff down from his fac	face slap again. There was no the staff. According to the BSP iewed on October 4, 2007 at f should ask the client to stop, if should move the client's hand be and continue with proactive	-	 (2) Reference response to V#1, QMRP will develop proobjective to enhance clic #4's skills. 	ogram	
W 195	strategies. 483 440 ACTIVE	TREATMENT SERVICES	W 195	W195		
	The facility must treatment service	ensure that specific active s requirements are met		This CONDITION will be evidenced by:	met as	
	Based on observery review, the facility active treatment the facility failed been completed the interdisciplination failed to provide to determine the (See W220); the strategies availated	N is not met as evidenced by: ration, interview and record y failed to ensure continuous services (See W196 and W249), to ensure that assessments had within 30 days after admission by ary team (See W210); the facility a speech language assessment client's communication needs facility failed to provide behavior ble to staff (See W241); failed to its' individual program plans (IPP)		The facility will ensure that treatment services and requare met as evidenced by: Reference responses to WW249, W210, W220, W240, W250, W252, W260, W	irements 196, 11, W242,	11.200 ongoin
	included training	in personal skills (See W242); to ensure clients were provided				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/22/2007 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		CONSTRUCTION	COMPLE	TED
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NAME OF P	ROVIDIER OR SUPPLIER			4515	T ADDRESS, CITY, STATE, ZIP CO SEDSON PLACE, NE SHINGTON, DG 20019	DE ·	
(X4) ID PREFIX TAG	(FACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF YAG		PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
W 195	develop an active outlines current a clients are home W250); faited to accomplishment client's IPP object measurable term interdisciplinary trevisions or to jurobjectives from the facility frequipment identifications.	s for choice and t(See W247); the facility failed to a treatment schedule that active treatment program when from the day program (See ensure data relative to the of the criteria specified in each ctives were documented in as(See W252), the seam (IDT) failed to make stify the repetition of the he previous year (See W260); alled to ensure that adaptive fied as needed by the team were furnished and	W	195			
W 196	the failure of the active treatment 483 440(a)(1) At Each client mus treatment prograconsistent implespecialized and services and religible subpart, that is a (i) The acquisit the client to fundetermination a and (ii) The prevention of the active treatment of the client to fundetermination a and (iii) The prevention and and treatment of the active treatment of the	CTIVE TREATMENT t receive a continuous active am, which includes aggressive, ementation of a program of generic training, treatment, health ated services described in this		196			
	Based on obser	D is not met as evidenced by: vation, staff interviews, and he facility failed to ensure that			, I		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICALD SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SU COMPLE	
		09G119 .	B. WING		10/05	5/2007
NAME OF PI	ROVIDER OR SUPPLIER		45	EET ADDRESS, CITY, STATE, ZIP CODE 15 EDSON PLACE, NE ASHINGTON, DC 20019		
(X4) ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) CDMPLETION DATE
W 196	program in accord made by the interest the four clients inc #3 and #4) The findings included the findings included the findings included the follows as 100 and to 100 and 10	ntinuous active treatment ance with recommendations lisciplinary team (IDT) for two of luded in the sample. (Clients de: 2007 Client #4's home activities 30 PM were observed and ving: yors arrived to the home at 8:00 observed at the kitchen table she had an activitie and did not participate in the attion or service. Although the adent in feeding himself, staff and assistance to encourage is meal. y 8:30, after completing his not was taken to his bedroom duntil lunchtime. The client beserved in his bedroom lying on y without tative activities. ly 12:00 PM, the client was neelchair to the living room and of the television. at approximately 12:30 PM, erved exhibiting face slapping frect care staff intervened by a won't have that'. The client his momentarily. The staff did or redirection/intervention.	W 196	W196 This Standard will be metevidenced by: Client #4's person will be assessed/e Program objective established as nee The Activity Scheclient #4 will be reviewed/modified QMRP will conducted but not mealtime protocol implementation of schedules, client is and active participant individuals in their routines, behavior plans and position. Routine file reviewed to furth compliance with the standard.	nal skills valuated. es will be ded. edule for d as needed. et g as needed limited to; ls, f activity nteractions oation of ir daily r support ning. ws will be ner ensure	11.13.07 ongoing
, 'a		er redirection/intervention. Client's current Behavior Support			•	' '

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
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W 196	Plan, reviewed on staff to ask the clie stop, the staff was hand down from h proactive strategies. e) After lunch, at care staff took the 2, Interview with s revealed that Clier basic personal new con October 2, 200 wearing an adult p dependent on staff morning of October observed assisting	October 3, 2007, required the ent to stop. If the client did not required to move the client's is face and continue with es. approximately 1:30 PM, direct client on a van ride. Staff on October 2, 2007 at #4 dependents on staff for eds 07, the client was observed protective under garments and if for toileting. Also on the er 2, 2007, the staff was go the client with his jacket. The at the client needs assistance	W 196	(2) Reference nes		11.13.07 ongang
	October 4, 2007 nevidence of training Further review of trailed to review that skills had been ided. 3. Review of Clief recommended traconsistently imple. Review of the Climobjectives to enhalm improve lower randower extremities, auditory skills. At did the staff direct	nt's habilitation record on evealed no documented of programs in these domains, the client's habilitation records at the client's personal care entified/assessed. In #4's IPP revealed that ining programs were not mented as evidenced below: The the transfer of the sensory awareness, to ge of motion and strengthen and to improve ambulation and no time during the observations encourage, the client to of the aforementioned program		and time in the	Menage will mentation and mentation and	and

Although the October 2007 data collection refected that this program was being

not observed during the survey period.

implemented one time a day, this program was

For chant #4.

amel will coordinate re-assessment

by Physical Therapast

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DEPAR CENTE	TMENT OF HEALTH RS FOR MEDICARE	AND HUMAN SFRVICES & MEDICAID SERVICES								FORM	D: 10/22/2007 MAPPROVED D. 0938-0391
STATEMEN'	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRI	J¢Τ	ри			(X3) DATE COMPL	SURVEY
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W 196	Continued From pa	ge 23	W	106			<u> </u>	·. · ·	-		
	stretching to his low minutes each stretch sheets since June 2 not documenting the different evealed an objective week, given hand on client will make a sewear daily in 80% of consecutive months. On October 2, 2007 and shirt was observed that the client to staff for the client to	rer extremities daily for two th for six months. Trations of the client activity. According to the data 2007 the direct care staff were a number of minutes. In silpp dated April 25, 2007 we which stated, "Five days a ver hand assistance, [the election of what clothes to fithe trials presented for six by April 2008." at 3:45 PM, a pair of jeans wed on Client #3's nightstand, rect care staff at 6:00 PM othes were selected by the wear on the next day. There at the facility encourage the		196	a Qyuru Shaff ymalu		aun	prov	de a	ddutma hoice	
	October 2, 2007, Climinimal to no assisticompletion of the meassisting the cilent wand eating utensils towas located in the ki IPP objective on October 2, 2007, Client was required ", physical assistance, her plate to the kitcheresented for six cor October 2, 2007, Client was required ", physical assistance, her plate to the kitcheresented for six cor October 2, 2007, Client was required ", and the kitcheresented for six cor October 2, 2007, Cliented Toward To				· .					-	
RM CMS-256	7(02-99) Previous Versions O	bsolele Event ID: DWO411		Fec	ility (D: 09G119	1			i contin	uation sheet	Page 24 of 59
								-		•	

иол-а- <u>"</u> 56	1 <u>07</u> 107:20 FROM	: 			T	0:2024429 	1430 [7.23 7.23
		AND HUMAN SERVICES & MEDICAID SERVICES						FORM	10/22/2007, APPROVED 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULT A. BUILDI	TPLE CONSTRUC	OIT:	Y		(X3) DATE SU COMPLE	
		09G119	B. WING_					10/05	5/2007
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W 210	483.440(c)(3) INDI	VIDUAL PROGRAM PLAN	W 210)					
	assessments or rea	r admission, the m must perform accurate assessments as needed to liminary evaluation conducted							. ;
	Based on observati review, the facility f assessments had t after admission by	s not met as evidenced by: ion, interview, and record ailed to ensure that been completed within 30 days the interdisciplinary team for hts in the sample. (Client #4)		W210					
	conference with the Professional (QMR PM revealed that C facility on March 1, On October 2, 200 wearing an adult pr	N196] During the entrance Qualified Mental Retardation P) on October 2, 2007 at 9:40 Slient #4 was admitted into the 2007. 7, the client was observed retective under garments and	•	to W	19)	o ensur el ensur pers erce be	e Hha	t chent	(1.13.07 ongoing
	morning of October observed assisting	for toileting. Also on the 2, 2007, the staff was the client with his jacket. The the client needs assistance ing and toileting.		W220					
	October 4, 2007 re evidence of training Further review of the failed to review that skills had been ide								
W 220	483.440(c)(3)(v) IN	DIVIDUAL PROGRAM PLAN	W 22	0					
FORM CMS-25	is7(02-99) Previous Versions	s Obsolete Event IO; DWO41	11 F	ecifity ID; 09G119			(f contin	nuation sheet	Page 25 of 59

10V-9-200	7 07:20 FROM:	777 UF674470		-	то: 2024429 (9430 I	P.24
	MENT OF HEALTH	I AND HUMAN SERVICES & MEDICAID SERVICES					; INTED: 10/22/2007 FORM APPROVED IB NO, 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULT A. BUILDII	IPLE CONSTRUCT	ON	(X3)	DATE SURVEY COMPLETED
		09G119	B. WING_				10/05/2007
NAME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	st	REET ADDRESS, C	TY, STATE, ZI	CODE	
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W 220	Continued From pa	ige 25	W 220)	-		
	The comprehensive include speech and	e functional assessment must (language development.	, ,				
	Based on observat review, the facility f language assessm	is not met as evidenced by: ion, interview and record alled to provide a speech ent to determine the client's eds, for one of the four clients ent #4).	; ; ;	This SI as evid	andard enced b	mill be	met
	2007 through Octol Client #4 was non-during breakfast the the client his meal. client before scoop from his plate he wrespond verbally, head away from the not want to eat the observed to intentic water to indicated the staff acknowledge his dislike for water. The staff indicated means of communitatiview with the Communi	the survey from October 2, per 5, 2007 revealed that verbal. On October 2, 2007 is staff was observed feeding. The staff would asked the ing the food, which food item anted next. The client did not owever, he would turn his a utensil to indicate that he did spoon of food. He was also onally turning over his cup of hat he did not want water. The that the client communicates by spilling it. that there were no formal cating with the client. A contains the contains the client contains with the client.					
	approximately 11:0 client's 30-day review revealed that the In recommended to coprogram objectives revealed that the specific spe	P) on October 4, 2007 at 0 AM indicated that the won March 28, 2007 terdisciplinary Team (IDT) ontinue with all previous Review of the records peech pathologist noted, that	:				
ONW CM3-25	67(02-89) Previous Versions	Obsolete Event ID: DWO41	1 . Fa	cility ID: 09G119		If continuation	n sheet Page 26 of 59

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P.25

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TO:2024429430

7,07:21 FROM:

NOV-9-2007

10V-9-50G	07:21 FROM:				, <u>I</u> :	o:2024429	1430 I	P. ~a v	.26
		AND HUMAN SERVICES		2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				PRINTED: FORM A OMB NO. (#PPROVED
STATEMENT	S <u>FOR MEDICARE</u> OF DÉFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRU	J¢Т	N		(X3) DATE SUI COMPLET	RVEY
		09G119	B. WING					10/05	/2007
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W 249	opportunity to choosalad. On October 5, 200 observed eating a dietary order requisalad for lunch and observed pureeing client. When aske in salad dressings she likes dressing to offer the client a 483.440(d)(1) PROMITE AS SOON AS THE INTERIOR AS SOON AS THE INTERIOR AS A SOON AS THE INTERIOR AS A SOON AS THE INTERIOR AND A SOON AS THE INTERIO	d to provide Client #5 an ose to have dressing on her of at 6:10 PM Client #5 was pureed meal for dinner. The red that the client be served a dinner. The staff was the lettuce and served it to the ed if the client had a preference, the staff stated "I don't think." There was no attempt by staff a dressing for her salad. DGRAM IMPLEMENTATION receive a continuous active in consisting of needed services in sufficient number support the achievement of the ed in the individual program ed in the individual program. is not met as evidenced by: rerviews and record review, the issure that clients were provided for continuous active treatment in their Individual Program Plans of four clients included in the #1, #3 and #4) ide:	W 24	49 W249 This Steviden Refer W12	and of the state o	dard will and chis of chis will purche with the work we have the standard will be a supplied to the standard will purche the standard will purche the standard will be standard with the standard will be standard with the standard will be standard with the standard will be standa	be onse wig: vz41 se eq s, ne comp dard	met as to wioz, and 137 WZ42 tupment sterials eded to liance	ongany
. 0.000 0000				•					

TO:2024429430

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DEPARTMENT OF HEALTH

HEALTH REGULATION ADMINISTRATION

825 NORTH CAPITOL STREET NE, 249 FLOOR

WASHINGTON, DC 20002

FAX NOS. 202-442-9430 OR202-442-9431

			1]	, ,		
FACSIMILE TR	ANSMIT	AL SHE	T		!	
то: Mr. Ron Raghunandan	FROM	Ms. L. Wa Admin. S	. 1			
COMPANY: Individual Development, Inc.	DATE: 10,	/22/2 007		:		
FAX NUMBER: 202-518-9685	TOTALN	o. of pages	INC	LUDING	COVE	R:
phone number: 202–518-0314	SENDER'	S REFERENC	ž NI	MBBR:		
RE: ENFORCEMENT	Your re	Ferbnce Nu	МВ	Ru		
☐ URGENT ☑ FOR REVIEW ☐ PLEASE CO	OMMENT	□ please	RE	PLY		LEASB RECYCLE
NOTES/COMMENTS;		~" <u>-</u>		:	•	
FOR THE FOLLOWING PACILITIES: 1. 4515 Edson Pl NE						

Please be advised that typed document will follow.

NOV-9-20	007 07:50 FROM	1:			;	T	o:2024429	430	Ī	P.2
		AND HUMAN SERVICES					:		PRINTED: FORM A OMB NO. (APPROVED.
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4		0 9G119	e, wk	NG			- - -		10/05	/2007
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W 242	skills essential for p (including, but not I personal hygiene, bathing, dressing, g of basic needs), unthat the client is de acquiring them. This STANDARD Based on observative, the facility individual program personal skills in b for one of the four #3) The findings included the four #3. The findings included the four #4 was March 1, 2007. On October 2, 200 wearing an adult p dependent on staff morning of October observed assisting	ack them, training in personal privacy and independence limited to, toilet training, dental hygiene, self-feeding, grooming, and communication till it has been demonstrated velopmentally incapable of is not met as evidenced by: ion, staff interview and record falled to ensure that clients' plans (IPP) included training in oth formal and informal setting clients in the sample. (Client le: Ince conference with the etardation Professional er 2, 2007 at 9:40 PM revealed admitted into the facility on 17, the client was observed rotective under garments and for toileting. Also on the er 2, 2007, the staff was in the client with his Jacket. The at the client needs assistance	W	242	This Storidan aridan providen che che che winde	und a voint en sin electric el	and will do will do will do will do will con will con train.	trai teed note some ume de oilit orus	ning ed to ase al skills. Introvard Y to skills.	
-	Review of the clied October 4, 2007 re evidence of training Further review of	nt's habilitation record on evealed no documented ig programs in these domains. the client's habilitation records at the client's personal care			ne	200	do		• •	
FORM CMS-2	Z507(02-89) Praylous Version	ns Obsolete Event ID: DWQ4	111	F	scility ID: 09G119			If con	tinuation sheet	Page 29 of 5

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		AND HUMAN SERVICES					;			10/22/2007 APPROVED 0938-0391
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W 242			W.	242						
	skills had been ide	ntified/assessed.			▲ OMRP	uill	develop a for clien	hooth	brushing	,
	2. Review of Clien	t #3's medical record revealed			DYDONIO	uΥ	for the	1 # 3	· ,	
	a dental consultation	on dated June 6, 2007. The	Ì		ן ן			:		
	consultation Indica	ted that the client had heavy and poor oral hyglene.					; :			
	Calculus deposits a	and poor oral rivgiene.					- -			
		dated April 25, 2007 falled to	1			1-				
1017147	identified a toothbr		100	247	14915	7				
W 247	483.440(C)(B)(VI) II 	NDIVIDUAL PROGRAM PLAN	"	241	W247			1		
		gram plan must include								
	opportunities for cl self-management.	ient choice and	ł		This Sta	Un l	land wil	f be 1	met as	
	sell-management				enden					
					NAMERICAL	æ	by,		•	,
		is not met as evidenced by: tion, staff interview, and record	1				†			
		failed to ensure that each client	:				1 .			
	was provided an o	pportunity for clients choice for	1		1		t-Tay i		. *	:
	two of the four clie and #5)	ints in the facility. (Clients #3					A 1] .		
	and tro)					ء نيا	, cont	nue	to chartone	k
	The findings include	des:			a amik	Ρ	will imp	L	Lanca	
	1. The facility fails	ed to ensure that Client #3 was			4		ining for			The same of
	provided an oppor	tunity to participate in selecting			MMC	h	focus on	innt	ortan ce	11.14.07
	his clothing.				OF C	ind	ce laeci	FION	making	ongoing
		07 at 3:45 PM, a pair of jeans			anze	ሷዸ	elf m	una	gene	PAT.
	and shirt was obs	erved on Client #3's nightstand.			1 =					
		direct care staff at 6:00 PM clothes were selected by the			a ame	PH	lome Manac	px w	in mound	
	•	to wear on the next day.			and a	DY C	vide overs	laht	to further	4
	Review of client's	IPP dated April 25, 2007			u w	۱		F	whin	1
		tive which stated, "Five days a over hand assistance, [the	1		ensu	ne	that sta	de Mo	رور رعامره	
	client] will make a	selection of what clothes to .,			athtu	ide	s and ac	twine	es which	
	wear daily in 80%	of the trials presented for slx			prom	ot e	indwid	mor c	NO CO	
FORM CMS-2		ns Obsolete Event 10: DWC		F	acility ID: 09G11	9	i	If con	tinuation shee	Page 30 of 5
		:				1	-			
						1	1 :			

proactive strategies.

hand down from his face and continue with

care staff took the client on a van ride.

e) After lunch, at approximately 1:30 PM, direct

40V-9-20	107 07:52 FROM	1:			ī	TO:20244	29430 1		.5 .5,	
10/ 12/	TOU ON TO THE	FOE4#F0400 IIIII			I I		i	PRINTED.	10/22/2007	
DEPART	MENT OF HEALTH	AND HUMAN SERVICES]			FORM A	PPROVED -	
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		09G119	B. WII	NG			١	10/05	5/2007	
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W 24 9	2 Interview with s	taff on October 2, 2007 at #4 dependents on staff for	W	249		1		·		
	wearing an adult p dependent on stat morning of Octobe observed assisting	or, the client was observed protective under garments and if for toileting. Also on the er 2, 2007, the staff was githe client with his jacket. The at the client needs assistance sing and toileting.							; ;	
	October 4, 2007 r evidence of training Further review of failed to review the	nt's habilitation record on evealed no documented no programs in these domains, the client's habilitation records at the client's personal care entified/assessed.	-					•		
	recommended tra	ent #4's IPP revealed that aining programs were not ernented as evidenced below:							,	
	objectives to enh improve lower ra lower extremities auditory skills. A did the staff direct	ient #4's IPP revealed ance sensory awareness, to nge of motion and strengthen and to improve ambulation and to								
	feel/manipulate i minutes with har consecutive more							٠.		
	Interview with th Professional (QI	e Qualified Mental Retardation MRP) on October 4, 2007						· ·		
FORM CM	 	sions Obsolete Event ID: DWO	411		Facility ID; 08G11	9	If c	antinuation she	et Page 33 of 5	
						1.11				

During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Client #3 was not

NOV-9-2007 07:53 FROM:						;	TO:2	024429 i	430	P.7	
	MENT OF HEALTH							· ·		FORM	10/22/2007 APPROVED 0938-0391
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W 249	Continued From pa	ge 34		W	249						
	engaged in any formative atment programs		uctive			WZ49					,
	At 3:30 PM, the clie program and shorth 3:45 PM, was taker observed to lie in browns observed to no transferring from his	y thereafter, at a n to his bedroom ed until 6:55.PM eed total assistar	approximately i. He was . The client nce in					· ·			
	At 6:55 PM, the clie room and positione where he remained feeding at 8:00 PM that the staff present leisure time activitie other activity.*	d in front of the I until he receive . There was no nted the client w	television, d his G-tub observation ith a choice of								
	 b) Review of Client revealed an objectiedge of the bed for without assistance 	ve that the client two minutes thr	t will sit on the ee times a day					i			
	There was no obse participating in this sheets since June documenting only t	activity. Accord	ding to the data		:						
	 c) Review of Clien revealed an objecti stretching to his lov minutes each stretch 	ve that the client ver extremities o	t will tolerate					· ·			
	There was no observaticipating in this sheets since June not documenting the	activity. Accord	ing to the data are staff were					:			
	d) Review of client	's IPP dated Ap	ril 25, 2007								•
ORM CMS-25	67(02-99) Previous Versions	3 Obsolete	Event ID: DW041	1	Fac	ality ID: 09G118			t continua	tion sheet	Page 35 of 59
		- .						:		•	

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	MENT OF LIFE TH							: D: 10/22/2007.
		AND HUMAN SERVICES & MEDICAID SERVICES			:			RM APPROVED IO, 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTIO	N 		SURVEY PLETED
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W 249	Continued From pa	ge 35	W					
	revealed an objectiveek, given hand o client] will make a s	ve which stated, "Five days a ver hand assistance, [the election of what clothes to f the trials presented for six						
	and shirt was obset Interview with the d indicated that the ci staff for the client to	at 3:45 PM, a pair of jeans ved on Client #3's nightstand. irect care staff at 6:00 PM othes were selected by the wear on the next day. There at the facility encourage the in this task.						
	October 2, 2007, C minimal to no assis completion of the massisting the client and eating utensils was located in the IPP objective on Octhe client had a goadally living skills. Toclient was required	ing meal observation on lient #1 ate her meal with tance from staff. Upon the heal, the staff who was with her meal, passed the dish to another staff person who kitchen. Review of the clients ctober 4, 2007, revealed that all to increase her activities of accomplish this goal, the " after dinner meal, given						
W 250	physical assistance her plate to the kitc presented for six concepts of the concepts of the facility must described that outline to the content of the facility must describe the facility must described that outline to the facility must describe the facility must d	, [Client Name] will remove then on 100% of the trials on secutive months." On lient #1 was not afforded an cipate in this IPP goal. GRAM IMPLEMENTATION evelop an active treatment is readily available for review by	W	250	W250			
٠.	TOTE VEHIL SIGH,		_	٠.				
DRM CMS-25	67(02-88) Previous Versions	Obsolete Event ID: DWO41	1	Fa	cility ID: 09G119		If continuation she	set Page 36 of 59
•		•			-			

current Behavior Support Plan, reviewed on October 3, 2007, required the staff to ask the

failed to document that the client had been

repositioned on the previous day. The oversight

performance.

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RESULT

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10/22/2007 05:12 FAX 2024429430

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DEPARTMENT OF HEALTH

HEALTH REGULATION ADMINISTRATION

825 NORTH CAPITOL STREET NE, 240 FLOOR

WASHINGTON, DC 20002

FAX NOS. 202-442-9430 OR202-442-9431

FACSIMILE TI	RANSMITTAL SHEET
то: Mr. Ron Raghunandan	FROM: Ms. I., Wallace-202-442-4721 Admin. Support Specialist
COMPANY: Individual Development, Inc.	10/22/2007
PAX NUMBER: 202-518-9685	TOTAL NO, OF PAGES INCLUDING COVER
PHONE NUMBER: 202-518-0314	SENDER'S REFERENCE NUMBER:
RE: ENFORCEMENT	Your reference number:
☐ URGENT ☑ FOR REVIEW ☐ PLEASE O	COMMENT PLHASE REPLY PLHASE RECYCLE
FOR THE FOLLOWING FACILITIES: 1. 4515 Edson PI NE	
lease be adused that follow.	t typed document will

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W 242	a dental consultation consultation indical consultation indical calculus deposits at Review of the IPP identified a toothbut 483.440(c)(6)(vi) I The individual proportunities for a self-management. This STANDARD Based on observatiview, the facility was provided an other two of the four clie and #5) The findings inclusion of the facility fail provided an opposite clothing. On October 2, 20 and shirt was observed with the indicated that the	ntified/assessed. It #3's medical record revealed on dated June 6, 2007. The sted that the client had heavy and poor oral hygiens. It was a second revealed to reshing program. It was a second record failed to reshing program. It was a second record failed to reshing program. It was a second record failed to ensure that each client opportunity for clients choice for ents in the facility. (Clients #3 des: It was red to ensure that Client #3 was record on Client #3's nightstand. It was record on Client #3's nightstand. It was record on Client #3's nightstand. It was record revealed by the clothes were selected by the	W	242	man will develo program for company for constant in and training which focus of charge / constant in and self	ontinum plems for discussions	ce met co lent strategie wect case stat montance on making	11.14.07 origing
	staff for the client Review of client's revealed an obje- week, given hand client's will make	to wear on the next day. IPP dated April 25, 2007 Cive which stated, "Five days a dover hand assistance, [the a selection of what clothes to , of the trials presented for six			and provide or ensure that attitudes and promote and	widup	l choice.	
FORM GMS-	2587(02-99) Previous Versi	ons Obsolete Event ID: DWC	0411		Facility ID: 09G119		f continuation sheet	:Page 30 of 5

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/22/2007 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

(X3) DATE SURVEY COMPLETED

10/05/2007

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY

PREFIX

TAG

MANIE OF FROVIDER OR GOLL BIBI

101

(X4) ID

PRÉFIX

TAG

STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)

COMPLETION
DATE

W 249 Continued From page 31

from 8:00 AM to 1:30 PM were observed and revealed the following:

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

- a) Upon the surveyors arrived to the home at 8:00 AM Client #4 was observed at the kitchen table preparing to eat his breakfast. The client was served his breakfast and did not participate in the meal time preparation or service. Although the client was independent in feeding himself, staff used hand over hand assistance to encourage him to complete his meal.
- b) At appoximately 8:30, after completing his breakfast, the client was taken to his bedroom where he remained until lunchtime. The client was periodically observed in his bedroom lying on his bed without any without constructive/habilitative activities.
- c) At approximately 12:00 PM, the client was escorted in his wheelchalr to the living room and positioned in front of the television.
- d) During lunch, at approximately 12:30 PM, Client #4 was observed exhibiting face slapping behaviors. The direct care staff intervened by stating "Oh, no we won't have that". The client ceased the behavior momentarily. The staff did provide any further redirection/intervention. According to the Client's current Behavior Support Plan, reviewed on October 3, 2007, required the staff to ask the client to stop. If the client did not stop, the staff was required to move the client's hand down from his face and continue with proactive strategies.
- e) After lunch, at approximately 1:30 PM, direct care staff took the client on a van ride.

W249 W249, Continued.

- amentione manager will provide oversight and diection as needed to promote a consistent pattern of interactions and supports for each client.
 - amp will never all program objectives to ensure that interventions and documentation of program objectives sufficient number and frequency to support achievement.

11.20.07 ongoing

FORM CMS-2587(02-99) Previous Versions Obsalets

Event ID: DW0411

Facility ID: 09G119

If continuation sheet Page 32 of 59

		AND DIMAN SERVICES			•			FORM	10/22/2007 APPROVED ASSA 0304
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DI				-W/	ASHINGTON, C	C 20019	ABBEC	TION	(X5)
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W 249	revealed that Clier basic personal need On October 2, 200	staff on October 2, 2007 Int #4 dependents on staff for eds O7, the client was observed protective under garments and	W2	249					
	morning of Octobe observed assisting staff confirmed the with bathing, dres	off for toileting. Also on the er 2, 2007, the staff was g the client with his jacket. The at the client needs assistance using and toileting.			,				
	October 4, 2007 evidence of traini Further review of failed to review the skills had been in	ent's habilitation record on revealed no documented ng programs in these domains. the client's habilitation records nat the client's personal care tentified/assessed.	-					•	
	recommended tr consistently impl	ent #4's IPP revealed that aining programs were not emented as evidenced below:							
	objectives to entimprove lower rational lower extremities auditory skills.	lient #4's IPP revealed mance sensory awareness, to ange of motion and strengthen is, and to improve ambulation and to time during the observation of the aforementioned program idenced below:	.5						
, 	feel/maninulate	per week, the client will items in his feel box for three and over hand assistance for six anths by 10/07.							
	Interview with the Professional (C	ne Qualified Mental Retardation MRP) on October 4, 2007				1		· 	
EORM CM	 S-2567(02-88) Previous Ve	raions Obsolete Event ID: DW	VO411		Facility ID: 08G118		If :	continuation s	sheet Page 33
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PRINTED. 10/22/2007 FORM APPROVED OMB NO, 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION

NAME OF PROVIDER OR SUPPLIER ID 1 SUMMAY STATEMENT OF DEPICIENCYS REQUIRED TO SUMMAY STATEMENT OF DEPICIENCIES (BACK) DEPICIENCY MUST BE PRECEDED BY PULL REQUIRED TO THE DEPICIENCY MUST BE PRECEDED BY PULL REQUIRED TO THE APPROPRIATE DEPICIENCY W 249 Continued From page 33 revealed that there was no box available with such tens. Review of the data, however, revealed that the program was being implemented and that the client had acheived the required objective, since April. The tacify OMRP could not explain how the program was being implemented without the box. b) [The client] will dance with staff for three minutes two times per day 100% accuracy for six months. Although the data collection refect that this program had been implemented during the survey period. Additionally, the data collection refect that this program had been implemented during the survey period. Additionally the data collection refect that this program was being implemented on the norm two times a day with moderate physical assistance of one person at 100% accuracy for six months. Although the October 2007 data collection refected that this program was being implemented one time a day, with moderate physical assistance of one person at 100% accuracy for six months. Although the October 2007 data collection refected that this program was being implemented one time a day, with program was not observed during the survey period. 2. The facility falled to implement Client #3's program objectives. a) Interview with the QMRP on October 2, 2007 at 9.40 AM indicated the Client #8 was admitted to the facility on March 28, 2007. During evening observation on October 2, 2007 frem 3.45 through 6.55 PM, Client #3 was not		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2) MULTII A. BUILDING	PLE CONSTRUCTO		(X3) DATE SU COMPLE	
SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MIST BE PRECEDED BY PULL TAGE T			09G119	B. WING			10/0	5/2007
PREFIX TAG W 249 Continued From page 33 revealed that the program was being implemented and that the client had acheived the program was being implemented during the survey period. Additionally, the data collection refected during the survey for the observed during the survey for the observed during the survey period. Additionally, the data collection refected did not measure the program was being implemented during the survey period. Additionally, the data collection refect did not measure the program was being implemented during the survey period. Additionally, the data collected did not measure the programs was being implemented of the objective. [Also See W252] d) [The client] will ambulate one trip around the interior of the home two times a day with moderate physical assistance of one person at 100% accuracy for six months. Although the October 2007 data collection refected that this program was being implemented one time a day, this program was not observed during the survey period. 2. The facility falled to implement Client #3's program objectives. a) Interview with the OMRP on October 2, 2007 at 9.40 AM Indicated the Client #3 was admitted to the facility on March 26, 2007. During evening observation on October 2, 2007 from 3.45 through 6:55 PM, Client #3 was not		ROVIDER OR SUPPLIER		4	515 EDSON PLAC VASHINGTON, I	DC 20019		
revealed that there was no box available with such items. Review of the data, however, revealed that the program was being implemented and that the client had acheived the required objective, since April. The facility OMRP could not explain how the program was being implemented without the box. b) [The client] will dance with staff for three minutes two times per day 100% accuracy for six months. Although the data collection refect that this program had been implemented in the past, there was no evidence that the program had been Implemented during the survey period. Additionally, the data collected did not measure the progress of the objective. [Also See W252] d) [The client] will ambulate one trip around the interior of the home two times a day with moderate physical assistance of one person at 100% accuracy for six months.'' Although the October 2007 data collection refercted that this program was being implemented one time a day, this program was not observed during the survey period. 2. The facility failed to Implement Client #3's program objectives. a) Interview with the OMRP on October 2, 2007 at 9:40 AM indicated the Client #3 was admitted to the facility on March 26, 2007. During evening observation on October 2, 2007 from 3:45 through 6:55 PM, Client #3 was not	PRÉFIX	(FACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(FACH CO	RRECTIVE ACT ERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	W 249	revealed that there such items. Revier revealed that the program was being by [The client] will minutes two times months. Although the data program had been was no evidence to limplemented during Additionally, the difference of the horror of the horror moderate physical 100% accuracy for Although the Octobrefected that this implemented one not observed during a linterview with 19:40 AM indicated the facility on Main During evening of	was no box available with w of the data, however, brogram was being that the client had acheived the since April. could not explain how the g implemented without the box. dance with staff for three per day 100% accuracy for six collection refect that this implemented in the past, there that the program had been not the survey period. ata collected did not measure e objective. [Also See W252] I ambulate one trip around the netwo times a day with assistance of one person at or six months". Ober 2007 data collection program was being time a day, this program was not the survey period. Illed to implement Client #3's es. the QMRP on October 2, 2007 and the Client #3 was admitted to rich 26, 2007. bservation on October 2, 2007					
FORM CAS DESY/02-00 Previous Versions Obsolete Fvent ID: DWO411 Facility ID: 09G119 I I Continuation sheet Page 34 of 5					Facility ID: 09G119	<u> </u>	Manager - Manager	- Dan 34 - 55

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICADE & MEDICADE SERVICES

PRINTED: 10/22/2007 FORM APPROVED

CENTER	RS FOR MEDICARE	<u> & MEDICAID SERVICES</u>			<u> </u>	1,_			OMB NO.	0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCT	ION			(X3) DATE SI COMPLE	
1		09G119	B. WIN	IG	1	1			10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS.	CITY.	STATE, ZIP	CODE		
101					15 EDSON PLASHINGTON					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TÉMENT OF DEFICIENCIES Y MUST BE PRECÉDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH ¢	ORR	'S PLAN OF C ECTIVE ACTION ENCED TO THE DEFICIENCY	ON SHO 1E APPF	ULD BE	(X5) COMPLETION DATE
W 249	treatment programs At 3:30 PM, the clie	πal or informal active	W2	249	WZH9					
	observed to lie in both was observed to no	n to his bedroom. He was ed until 6:55 PM. The client eed total assistance in s wheelchair to and from bed.				4				
	room and positione where he remained feeding at 8:00 PM that the staff preser	ent was propelled into the living ad in front of the television, I until he received his G-tub. There was no observation inted the client with a choice of eas or engaged the client in any			:					
	revealed an objecti	#3's IPP dated April 25, 2007 ve that the cilent will sit on the two minutes three times a day for three months.	!							
	participating in this	ervations of the client activity. According to the data 2007 the direct care staff were wice a day.								
į	revealed an objecti	t #3's IPP dated April 25, 2007 ve that the client will tolerate ver extremities daily for two ch for six months.							,	
	participating in this sheets since June :	rvations of the client activity. According to the data 2007 the direct care staff were e number of minutes.						,		
	d) Review of client	's IPP dated April 25, 2007					•			• • •

443762

08:03 FROM:

NOV-9-2007

redirection/intervention. According to the Client's current Behavior Support Plan, reviewed on October 3, 2007, required the staff to ask the

On October 3, 2007, Client #2's repositioning log

was review and it was determined that the staff failed to document that the client had been

repositioned on the previous day. The oversight

the actual individual

performance.

P.11 API A 4 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/22/2007 FORM APPROVED

OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SI COMPLE	
		09G119	B. WING		10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER		4	REET ADDRESS, CITY, STATE, ZIF 515 EDSON PLACE, NE VASHINGTON, DC 20019	PCODE	,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION . DATE
W 252	Mental Retardation acknowledged the 2. During lunch, at Client #4 was obse behaviors. The direct stating "Oh, no we ceased the behavior provide any further According to the Client according to the Client reviewed on the Staff to ask the client stop, the staff was hand down from his proactive strategies. On October 3, 200 was review and it where the slapping on the staff was according to the staff was hand down from his proactive strategies. On October 3, 200 was review and it where the slapping on the slapping on the slapping on the staff was according to the staff was process set forth in the staff was according to the slapping of the objectives from the slapping of the objectives from the slapping the slap	attention of the Qualified Professional (QMRP) who documentation error. approximately 12:30 PM, rved exhibiting face slapping ect care staff intervened by won't have that". The client or momentarily. The staff did redirection/intervention. itent's current Behavior Support October 3, 2007, required the not to stop. If the client did not required to move the client's as face and continue with s. 7, Client #4's data collection was determined that the staff that the client had exhibited e previous day (10/2/07).	W 252	W252, continued Also, reference r W250	esponse to We to Will It be met Likeplinary ng to and	10.31.07 ongoing
ORM CMS-2	567(02-99) Previous Versions	Obsolete Event ID-DWO41	1 5-	and change,	1	

P.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/22/2007 391

CENTE		& MEDICAID SERVICES		1		FORM	A APPROV
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A BUIL	ILTIPLE CONSTRUC	NOITE	(X3) DATE S	
		09G119	B. WIN	3		40.	05/0005
NAME OF	PROVIDER OR SUPPLIER	<u> </u>	- 	STREET ADDRESS.	CITY CTATE 2:0		05/2007
101				4515 EDSON PL WASHINGTON	ACE, NE	CODE	
(X4) ID PREFIX TAG	I (EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROV	VIDER'S PLAN OF	TON SHOULD BE THE APPROPRIATE	COMPLETIO DATE
W 260	Review of Client #1 October 3, 2007 rev Support Plan (iSP) 1, 2006. Interview of day revealed that the held on October 5, the Judge. Review objectives and assewere all outdated at objectives had not the 483.440(f)(3)(ii) PR CHANGE The committee showare conducted only	's program records on vealed that her last Individual meeting was held on August with the QMRP on the same he client's ISP meeting was to 2007 due to a decision made of Client #1's program assments revealed that they not that the IPP programs and been revised. OGRAM MONITORING & with the written informed to parents (if the client is a	. W 26	3 W263			
W 322	Based on observation review the facility fail incorporate restrictive behavior modification written informed conguardian for one of the sample. (Client #4) The finding includes There was no evider consent for the use of Support Plan prior to Included restrictive in 483,480(a)(3) PHYS The facility must pro-	ce of written informed of Client #4's Behavior of the implementation of which neasures. [See W124] ICIAN SERVICES	W 32	of Che Support	erence resp	loe met y; pritten for use ehavior oonse to W124 Ill make sure ent 15 preser plementation	
	general medical care	e.					

appointment had not been scheduled for the knee brace or an evaluation at the spasticity clinic.

The facility failed to ensure weight loss was reported to the Physician timely and monitored

"Since March 2007, Client #1 has lost 13 pounds, which is over 10% of her body weight. There was no evidence that Client #1' intake is being closely monitored and recorded or that there was

by a dietician as evidenced below:

follow-up to her incomplete study/pelvic

P.15

P.16 (<u>4)</u> () 48

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PPINTED: 10/22/2007 FORM APPROVED

CENTERS FOR MEDICARE	& MEDICAID SERVICES	
	YU GROVIDENOUSS.	(X2) MULTIPLE CONSTRUCTION

OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED

B. WING 09G119

A. BUILDING

NAME OF F	PROVIDER OR SUPPLIER				10/	05/2007
101	,	s	TREET ADDRESS 4515 EDSON PI	CITY, STATE, Z	IP CODE	
			WASHINGTO	LDC 20040		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL			<u></u>	Face	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	1 (127)	YIDER'S PLAN O CORRECTIVE AC EFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETIO DATE
W 322	Continued From page 43	W 322	2		QT)	<u> </u>
	Review of the above weight chart reveals that		1	:		
	Curling tilled a significant decrease is well-by the li-		1			
	199 11 OHE HOURH MARCH 2007 14 A4-2 6007		!			
1	Since that time there has been a continued gradual decrease in Client #1' weight. A total of					
	13 lbs was documented from March 2007 to		1] :		1
0	October 2007					
	Interview with the RN on October 18, 2007			j.		,
	revealed that the facility nurse is required to			[·		
1 '	Social monthly weight and tenort & it is a					1
	and an area in Meliant to the Suppose Care					
4.1	' 'yyalolan ang/or the Dietician Me Delesse					
, ,	when the recipion lacked evidence that the arress			·.		1
];	reported the April 7, 2007 9 lb weight loss to the		:			
i	medical or dietary staff. According to the record and the RN, the PCP was not made aware of					
	TUSIN TEL MEIGHENSS HATH MAY 2 2002, to		!			
, ,	TO A COLUMN TO THE CONTRACT OF THE COLUMN TO THE COLUMN TH		!			
1 **	'' YOURDIBUIEU DI BOOOMINAI NAIA CA M A.					
, -	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		. ;	:		
• •	THE THE TIOURNAME OF A PROPERTY AND A PROPERTY OF A PROPER	1				
ti	he GI specialist recommended an ultrasound of he abdomen. The sonogram was completed on	Į] 1		
Α	April 2, 2007. The test was described as		:			
13	upopullial, nowever was noted to be " !			<u> </u>	j	
, 0	UI SUUGINADIE SOO CONTINUALTE LE LEIL				•]	
14	'S SI SPECIALSE AND ON JUDG 11 TOOT IL.				ŀ	
1 91	People of the part	1	!			
141	Povinen de completen. The endurer		1			
e,	ompleted on Jun 11, 2007. There was no vidence of obstruction noted; however the		4	٠,		
144	MYCOMOLIECOMMENDED that a salida a		7:			
1 1	* PW!! 9111160 101 11/11110F 61/3/11/31176	1	i			
1 ~~	^^YYYIQII WAX IIIIDDAIAAA AA AAAA	1	!] -	1	
1.0	**YAICG IIU 81011111C3DF NDAINAA			;	}	
inc	otification of the weight loss on May 2, 2007, the			-		

did not eat well were due to the client not liking the food being served. The nurse at the day program on the same day revealed that she did look at the clients weights monthly, however did not see a need in monitoring the client's intake since she was within her ideal body weight range.

TO:2024429430

completed this month.

Nucloglogist ordered

Dirantin & Phenobarbital

levels be taken 82

months

a RN will continue to

conduct routine

record reviews to

ensure that labs

are done as ordered.

P.18

11.14.07

OEPAR CENTE	CIMENT OF HEALTI	H AND HUMAN SERVICES		: !		PRINTER	10/22/200
LOINIEMEN	LE OF DEFICIENCIES	E & MEDICAID SERVICES		<u> </u>		OMB NO	Гленко∨Е <u>. 0</u> 938-039
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(XZ) MULTIPLE CONSTR A BUILDING		CTION	(X3) DATE S COMPL	URVEY
		09G119	8. WING	·			
NAME OF F	PROVIDER OR SUPPLIER				<u> </u>	10/0	<i>5/</i> 2007
IDI				TREET ADDRESS 4515 EDSON P	LACE, NE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		WASHINGTO			
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	CORRECTIVE A	F CORRECTION CTION SHOULD BE O THE APPROPRIATE	COMPLETION DATE
W 322	Continued From pa	ge 45	. W 32	2	32.1012		
	Observations at the throughout the inverse #1 ate 100% of the Although the nurses weights monthly as discovering the weight informed the nut physician was not in	documented the client ' a		work, a time orde	will be ly mann red.	ons for lab completed in her as follow-up he nucrologist	

The facility failed to implement recommendations made by Client #2's Neurologist regarding obtaining monthly Dilantin and Phenobarbital levels as evidenced by the following:.

concerns until May 2, 2007. There was no

evidenced that the facility employed a dietitian to provide consistent nutritional oversight to Client #1 from August 2006 to October 1, 2007.

Review of Client #2's neurology consultations revealed that she was seen on August 2, 2007. The Neurologist recommended obtaining monthly Dilantin and Phenobarbital levels, along with other laboratory studies. The client was to return to his office with all lab results in two months. The Primary Care Physician (PCP) concurred with the Neurologists ' recommendation and ordered the test on August 2, 2007. The test were completed and resulted in the following:

September 18, 2007 - Dilantin Normal Value - 10 - 20

Phenobarbital 17

15 - 40

7.37

Event ID: DWQ411

Fadility ID; 08G119

If continuation sheet Page 46 of 59

DEPARTMENT OF HEALTH

HEALTH REGULATION ADMINISTRATION

825 NORTH CAPITOL STREET NE, 2 P FLOOR
WASHINGTON, DC 20002

FAX NOS. 202-442-9430 OR202-442-9431

-	FA	CSIMILE TRANSMIT	TAL SHEET	
то: Mr. Ron Rag	ghunandan	FROM:	Ms. L. Wallace-20: Admin. Support S	
COMPANY: Individual D	Development, Ir	DATE:)/22/2007	
FAY NUMBER: 202-518-968		TOTAL	no, of pages includit	IG COVER
PHONE NUMBER: 202-518-031	14	SENDE	R'S REFERENCE NUMBER	-
ENFORCI	EMENT	Your	eference number	
□ urgent	for review	D PLEASE COMMENT	□ please reply	☐ PLEASE RECYCLE
NOTES/COMMENTS				
FOR THE FOLI 1. 4515	LOWING PACE Edson P1		; l. . - . - . - . - . - . - . - .	

Please be advised that typed document will follow.

FORM CMS-2567(02-98) Previous Versians Obsolete

May 2007

June2007 -

July 2007

January 2007 - 121,

Febrary 2007 - 120 March 2007 - 120 April 2007 - 115 .

August 2007- 111.5

112

. 113

113

Event ID: DW0411

Facility ID: 08G118

as needed.

If continuation sheet Page 47 of 59'

NOV-9-	2007 09:02 FRO	M;		4	TO:2024429	430 	P.4
	TMENT OF HEALT!	1 / ND HUMAN SCRVICES & MEDICAID SERVICES		,		そのおか	2 10/22/2007 1 APPROVED 2. 0938-0391
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MU A. BUILO	LTIPLE CONSTRUCTO	DN N	(X3) DATE COMPL	SURVEY
		09G119	B WING	·		10/	05/2007
NAME OF	PROVIDER OR SUPPLIER			THEET ADDRESS, C	TY, STATE, ZIP C		03/200/
1D1				4515 EDSON PLACE WASHINGTON,	T		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	ER'S PLAN OF CO RECTIVE ACTIO RENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE
W 325	Continued From pa	age 48	W 32	5 W325	1:		
		f the five clients included in the	,, 0.	VI.325	:		
	The finding include	s:					
	October 3, 2007 at revealed that she was The Neurologist red Dilantin and Pheno Metabolic panels, a differentials twice pareturn to his office was months. A physicial recommendations of Review of the labora aforementioned lab however the record Phenobarbital and I August 2007. Intervon October 4, 2007 should have been dishould be noted that Dilantin levels were 2007, and reflected 7.37 (Normal Value Phenobarbital level The levels were draget and the sevels were draget and the	l's Neurology consultations on approximately 12:50 PM vas seen on August 2, 2007. Commended obtaining monthly barbital levels, Complete and Complete blood count with er year. The client was to with all lab results in two an order reflecting the was noted in the record atory reports revealed that the ser completed July 9, 2007, lacked evidence that a Dilantin level was obtained in inew with the facility's nurse revealed that blood levels frawn in August as ordered. It at the Phenobarbital and obtained in September 18, that the Dilantin level was 10 - 20) and the was 17 (normal value 15-40) wn again in October 1, 2007, as 16.2 and the Phenobarbital		Reference W322. Routine conduct Docum mainta	[-]	y will be dered,	
W 331	level was 20. It was noted that the September 22, 2003 given at that time re 483,460(c) NURSIN	PCP evaluated Client #2 on 7. There were no new orders garding the low Dilantin level. IG SERVICES	W 33				
RM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: DW0411	F	acility ID: 09G119	If a	ontinuation sheet	Page 40 of En
- ,					- -	, , , , , , , , , , , , , , , , , , , ,	- 48c 49 01 03

NOV-9-201	07 09:03 FROM:	ANN NAN			To : 202442 94 !	130 F 49 U	P.5
CENTE	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES			,	HUR.N	: 1 <i>9/22/2</i> 00 APPROVE
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A, BUILDII	TIPLE CONSTRUCT	TION	COMPL	UKVEY
 .		09G119	B. WING		 	10/0)5/200 7
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, 1 4515 EDSON PL WASHINGTON	ACE, NE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE FRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVI (EACH C	DER'S PLAN OF C	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION
	This STANDARD is Based on staff interfacility failed to ensurace with the in the sample. (Clied The findings included I. The findings included I. The facility's LPN physician order that pleasure feeding. The facility's LPN physician order that pleasure feeding. On October 3, 2007 Practical Nurse (LPN Client #3 through his ended at 11:05 AM. observed feeding the observed feeding the of cranberry juice. In indicated that the client is pleasure feeding Review of Client #3's required the client to minutes after each s (11:00 AM, 4:00 PM interview with the Recolor at approximate client should walt the ensure that his stome liquids." 2. The facility's nurse consultation appointman. Interview with the Professional (QMRP)	or not met as evidenced by: view and record review the ure nursing services in needs of three of four clients nts #2, #3 and #4) : I failed to follow Client #3's required the nurse to give minutes after regular at 10:35 AM, the Licensed N) was observed feeding G-tube. The G-tube feeding At 11:08 AM, the LPN was a client his pleasure feeding nterview with the LPN ent had been doing well with	W 331	RN Winderson orderson observations	Il provide no as nee re feeding all conduct varions t varions t varions to lard.	o ensure ith this conse to	lo.18.07 ongoin

To: 2024429430

NOV-9-2007 09:04 FROM:

0V-9-8	2007 09:04 FRO	M:			TO: 2024429	430	P.8
		AND MUMAN SERVICES & MEDICAID SERVICES			· -	र जातित	: 10 <i>/22:</i> 2007 APEROVED 0938-03 91
LEMENT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MU A BUILL	LTIPLE CONSTRUCTIC		(Ya) DATE S COMPL	
		09G119	B WING			10/0	5/2007
NE OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CIT 4515 EDSON PLAC WASHINGTON, D	E, NE	D€	•
(4) ID REFIX FAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL. SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COR	ER'S PLAN OF CO RECTIVE ACTION PLENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
/ 331	#2's health status w	vas reviewed by the	W 3:	31			
V 336	Nursing services m certified as not nee review of their healt	ust include, for those clients ding a medical care plan, a th status which must be on a requent basis depending on	W 3	36 W 336			
-	Based on interview failed to ensure that by the nursing staff	s not met as evidenced by: and record review, the facility t a health status was reviewed on a quarterly or more one of the four clients in the 2)		This Standa evidenced	by:	-	
V 343	that her annual nun completed on June the medical record assessment had no with the Registered quaterly assessme	t's medical record revealed sing assessment was 16, 2007. Further review of revealed that the first quarter of been completed. Interview Nurse confirmed that the int had not been completed.	W 3	الندر المفاهم	anduct	sessmented. a quartere nove ading on e client.	10.18.07 ongaine
		ervices in the facility must have practice in the State.	1				
	Based on staff inte facility falled to ens	is not met as evidenced by, rview and record review the ure that all nurses providing lity had a current license to ict of Columbia.			rdard will med by		

To:2024429430

water temperature.

approximately 1:10 AM, who informed the

maintenance staff and instructed him to lower the

On October 5, 2007 at 1:00 PM, the hot water

NOV-9-8	2007 09:05 FRO	M:			TO: 20244294	130	P.10
DEPARI	MENT OF HE ALLS	AND HUMAN SERVICES				EDMITED EDMINA	19′22/2007 \PPK∆√ED
		& MEDICAID SERVICES			: !		0938-0391
TATEMENT	OF DEFICIENCILS F CORRECTION	(KI) FROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER	(A2) M A BUI		PLE CONSTRUCTION 3	(X3) LATE, SU COMPLET	
		09G119	B. WIN	4G		10/05	72007
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CO	DE	
ומו			<u>.</u>	1	515 EDSON PLACE, NE /ASHINGTON, DC: 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAQ		FROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 426		een adjusted not to exceed		426			
W 436		CE AND EQUIPMENT	W	436	W436	,	
	and teach clients to choices about the u hearing and other of and other devices it	rnish, maintain in good repair, o use and to make informed use of dentures, eyeglasses, communications aids, braces, dentified by the um as needed by the client.			This Standard will be evidenced by:	e met as	
	Based on observation the factorial adaptive equipment interdisciplinary teath	is not met as evidenced by: ilon, interview and record illity failed to ensure that it identified as needed by the am were furnished and the four clients included in the			amer will follow-that recommended	up to ensure	
	The finding include	95 :			The appointment	has been	ļ
·	The facility failed to adaptive equipmen	o furnish the recommended nt for Client #3.			Scheduled of a	of Knee	
	Professional (QMF AM indicated that (facility on March 20 30 day meeting rev	Qualified Mental Retardation RP) on October 2, 2007 at 9:40 Client #3 was admitted to the 5, 2007. Review of the client's view revealed a Physical ant dated April 24, 2007. The amended:			and brace. a amply in coordinated the medical state the recommendation	on with will address on for Botox	1
	- knee brace to inc motion; and	rease his extension range of			benifits and politicated to treat	ment.	
		he spasticity clinic for Botox ate improving his knee		•	Documentation ractions taken to	elated to:	
ORM CMS-2	567(02-88) Previous Version	a Obaclete Event ID; DWO4	11	Fe	edity ID: 09G119	continuation sheet	Page 55 of 59
							2ª

DEPAR IMENT OF HEALTH AND HUMAN SERVICES. CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED:	10/22/2007
FORM	心しというにい
OMB NO.	0938-0391

GTATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	A BUILDING	FLE CONSTRUCTION	(X3) DATE SU COMPLE	
		09G119_	B. WING		10/05	/2007
NAME OF P	ROYDER OR SUPPLIER		44	EET ADDRESS, CITY, STATE, ZIF 915 EDSON PLACE, NE VASHINGTON, DC 20019	CODE	1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 436	extension. Interview with the Capproximately 12:3 appointment had no brace or an evalua 483,470(i)(1) EVAC	OMRP on October 3, 2007 at 0 PM, revealed that the an ot been scheduled for the knee tion at the spasticity clinic.		WH36. continue will be filed for M w441 This Standard w as evidenced	sill be met by:	:
W 455	Based on staff inte the facility failed to varied conditions. The finding include On October 3, 200 drill records reveal held during the hot Observations throuther are eight non the facility who are the staff. In an interior the same day, s direct care staff an night. Further interacknowledged that during the aforement the three staff at nieight non-mobile c 483.470(I)(1) INFE	7, at 7:55 AM a review of fire ed that fire drills had not been urs of 2 AM through 5 AM. Ighout the survey revealed that a-mobile clients that reside in completely dependent upon erview with the House Manager she revealed that there are two done nurse on duty during the view the House Manager there had not been a drill entioned hours to evaluate how ight would safely evacuate the lients in the facility. In CCTION CONTROL	W 455	Home managers that theme managers cocumentation additional folloneeded. Home Manager to the Manager to the Manager to the Manager to that drills are under varied con different times, and escape ro	must check and provide w-up as ill ensure conducted ditions, at and places	n. 13.07 ongoing
ORM CMS-2	587(02-99) Previous Version	s Obsolete Event ID: DWO4	11 Fa	icility ID: 09G119	If continuation sheet	Page 66 of 59

NOV-9-20	007 09:07 FROM	1			TO:2024429	430	P.12
		AND HUMAN SERVICES & MEDICAID SERVICES		:		Foldal	10/22/2007 APPROVEU 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(Y2) MUI A. BUILD	TIPLE CONSTRUCTI	ИФІ	(X2) DATE SI COMPLE	JRUEY
	v	09G119	B MING		<u> </u>	10/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS. C	1.3	ODE	
IDI				4515 EDSON PLA WASHINGTON,	ļ · · ·		; ;
(X4) 10 PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	DER'S PLAN OF C DERECTIVE ACTION FERENCED TO THE DEFICIENCY	DN SHOULD BE LE APPROPRIATE	(X5) COMPLETION DATE
W 455	Continued From pa	ge 56	W 45	55 W455	:		
	Based on observati review, the facility f	s not met as evidenced by: on, interview and record alled to implement infectious to prevent communicable		This Stand evidence	ed by	be met as	
	preparation for dinn	i to properly defrost meats in		a amer Courder	tone Munai rati add maining	ger will tronal In area of anagement	11.18.07 ongoing
	sitting on the count chops was warm to	ork chops was observed er top. The package of pork touch. Review of the dinner t pork chops was on the menu		Nutri a andol will	honal Mon Home Mon Jontinue	to munitor tim, provided to the provided to th	
		t to ensure that direct care ands prior to feeding Client #4		clued	har and	feelback	(Q)
	observed having di- complete his lunch, into the facility from get [the client] to ea observed feeding ti	at 12:30 PM, Staff #1 was fficulty in getting Client #4 to At 12:50 PM, Staff #2 come off the van and stated, "I will at his lunch." Staff #2 was ne client his lunch to 2 was not observed to wash eeding the client.		as r binto	vieded to westings washing	ensue conficention	Leatures at
W 461	and procedures we infection control me	ed to ensure that the policy re implemented as it relates to assures during meals. D AND NUTRITION	W 46	61 W461			
	A qualified dietitian	must be employed either	•			-	
ORM CMS-25	687(02-89) Previous Versions	Obsolete Event ID: DWO41	1	Facility ID: 08G119	1.1	If continuation sheet	Page 57 of 59

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PRINTED: 10/22/2007 FORM APPROVED

DEMARTIMENT OF HEALTE	LAND HOMAN SERVICES
CENTERS FOR MEDICARE	& MEDICAID SERVICES
STATEMENT OF BEHINDIES	I

(X2) MULTIPLE CONSTRUCTION

OMB NO. 0938-0391

ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER AND PLAN OF CORRECTION

A. BUILDING

(A3) DATE SURVEY COMPLETED

<u>. </u>		09G119	B. WING _		<u> </u>		10/0	5/2007
NAME OF F	PROVIDER OR SUPPLIER		ST	REET ADDRESS,	CITY, STATE, ZIP	CODE	.415	0/20/
ומו				4516 EDSON PԸ WASHINGTON	ACE, NE	·		
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	IDER'S PLAN OF ORRECTIVE ACT PERENCED TO T DEFICIENC	ION SHOU HE APPR	ILD BE	(XS) COMPLETION DATE
W 461	Continued From pa	ge 57	W 461	WHO	1.			
		or on a consultant basis at the	,,,,,,	0000				:
	Based on interview failed to have evide qualified dietician to	s not met as evidenced by: and record review, the facility nce that it employed a meet the client's needs for s in the sample. (Client's #1		This Star evidence	idead will of by;	he m	ut as	,
·	The finding includes			:				,
•	1. Client #1's record 2007. The client ha August 31, 2006. Records revealed the from March to April 19 gradually lose weight in October 2007 and was noted, however ideal body weight of of the record failed to client's nutritional states a dietician quarte 2006, October 2006, 2nd quarter December 2007) as reserved.	d was reviewed on October 3, d a nutritional assessment on eview of the clients weight at she had lost 9 pounds (lbs) 2007, and continued to it. The last record weight was I the client weight 92 lbs, It that she remained within her 85 - 110 lbs, Further review o show evidence that the atus had not been monitored rly (1st quarter September 3, and November 2006, and per 2006, January 2007, and quired. [See Also W322]			nce respons nce respon 1831			10.18.07
	August 31, 2006, Cli weight (IBW) of 93 - client 's weight char Client #5 had an 8.5 March 2007, to Augu within her ideal body the record lacked ev	utritional assessment dated ent #5 had an Ideal body 122 pounds. Review of the its revealed that although lbs decrease in weight from lest 2007; she remains well weight. Further review of idence that the client's been monitored by a					·	

dietician quarterly (1st quarter September 2006,

mar.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/22/2007 FORM APPROVED OMB NO. 0938-0391

W 461 Continued From page 58 October 2006, and November 2006, and 3rd quarter March 2007, April 2007, and May 2007) as required. The nutritionist was in the facility on October 2, 2007. In an interview conducted on October 3, 2007, she indicated that she had taken a year off	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		·	(X3) DATE SI COMPLE		
ASSE EDSON PLACE, NE WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES REGULATORY OR LSC IDENTIFYING INFORMATION) W 461 Continued From page 58 October 2006, and November 2006, and 3rd quarter March 2007, April 2007, and May 2007)as required. The nutritionist was in the facility on October 2, 2007. In an interview conducted on October 3, 2007, she indicated that she had taken a year off and was not aware that the facility was without a reliable diletician in her absence. She Indicated that the provider had re-hired her and that she had completed nutritional assessment on all of the clients on October 2, 2007. Review of the records verified that the nutritionist completed all necessary assessments which were dated October 2, 2007. Interview with the facility's Administrator on October 4, 2007 revealed that the facility current dietician who was re-hire was "very reliable." However, due to her subbatical, the provider contracted with another dietician, who was not providing the nutritional oversight as required in			09G119	B. WIN	G		10/0	5/2007
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 461 Continued From page 58 October 2006, and November 2006, and 3rd quarter March 2007, April 2007, and May 2007) as required. The nutritionist was in the facility on October 2, 2007. In an interview conducted on October 3, 2007, she indicated that she had taken a year off and was not aware that the facility was without a reliable dictician in her absence. She Indicated that the provider had re-hired her and that she had completed nutritional assessment on all of the clients on October 2, 2007. Review of the records verified that the nutritionist completed all necessary assessments which were dated October 2, 2007. Interview with the facility's Administrator on October 4, 2007 revealed that the facility current dictician who was re-hire was "very reliable." However, due to her subbatical, the provider contracted with another dictician, who was not providing the nutritional oversight as required in		ROVIDER OR SUPPLIER			45	515 EDSON PLACE, NE	DODE	
October 2006, and November 2006, and 3rd quarter March 2007, April 2007, and May 2007) as required. The nutritionist was in the facility on October 2, 2007. In an interview conducted on October 3, 2007, she indicated that she had taken a year off and was not aware that the facility was without a reliable dietician in her absence. She Indicated that the provider had re-hired her and that she had completed nutritional assessment on all of the clients on October 2, 2007. Review of the records verified that the nutritionist completed all necessary assessments which were dated October 2, 2007. Interview with the facility's Administrator on October 4, 2007 revealed that the facility current dietician who was re-hire was "very reliable." However, due to her subbatical, the provider contracted with another dietician, who was not providing the nutritional oversight as required in	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE LE APPROPRIATE	COMPLETION DATE
	W 461	October 2006, and quarter March 2001 required. The nutritionist was 2007. In an intervie and was not aware reliable dietician in that the provider had completed nut the clients on Octorecords verified the necessary assess October 2, 2007. Interview with the October 4, 2007 redietician who was However, due to he contracted with an providing the nutrit	November 2006, and 3rd 7, April 2007, and May 2007) as s in the facility on October 2, ew conducted on October 3, d that she had taken a year off that the facility was without a her absence. She Indicated ad re-hired her and that she ritional assessment on all of ber 2, 2007. Review of the at the nutritionist completed all ments which were dated facility's Administrator on evealed that the facility current re-hire was "very reliable." er subbatical, the provider other dietician, who was not ional oversight as required in	W	461			10.18.07 ongoing

TO:2024429430

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STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMB		(X2) MULTIPI	LE CONSTRUC	TION		(X3) DATE S COMPLE	
_		09G115		B. WING		+	-	40/0	5/2007
NAME OF P	ROMDER OR SUPPLIER	'	TREET ADD	RESS, CITY, \$1	TATE, ZIP CODE		 	10/0	3/2007
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000	INITIAL COMMEN	TS .		1 000	:	:			<u> </u>
	conjunction with a conduct through O survey process. A selected from a res	7, a recertification surversements of the complaint investigation set ober 5, 2007, utilizing and amount of twents with a diagnosis of etardation.	was the full was vo male						
	based on observat three day program staff, day placement administrator, the of Professional, revie	survey and investigation at the group home and interviews with group not staff, the nutritionist, the staff was medical and processing the unusures.	nd home he tion						
	that described clier concerns. The cor	2007, the State Agency from the court monitor's nt's care and treatment mpliant alleged that there of problems as detailed I	s office e were						
·	day program, wate offered a second ti resisted/refused the	duals' return home from r/fluids were not given o me to individuals who in e water/fluids. In addition t toileted or changed up	r itially on.						
	four staff members the time preparing	e observation period, one on duty spent the majo dinner while the other th radically interacted with	rity of ree						
	revealed that they to outings during the p	s' logs of community out nad participated in only t period of September 1 -	wŏ	-	; ; ;				• , .
Y	MUCH Dunch	DEDICATION OF SELECTION		\., , _		TITLE	-		(X6) DATE
E FORM	MINECTOR'S OR PROVIDE	DER/SUPPLIER REPRESENTAT				PRS			11/9/07
, v :	-	•	gadg	- DWG	041 1 ;	;	,	if continuation	n sheet 1 of 3

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A BUILDING	LE CONSTRUCTIO	N	(X3) DATE SU COMPLE	
		09G119		B, WING		* · · · · · · · · · · · · · · · · · · ·	10/05	/2007 :
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE			1
וםו			4515 EDSC WASHINGT	ON PLACE, I TON, DC 20	019			
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1 000	2007 - park and che that any community 2007." 4. "As noted in the members, as well at time of the review, class members' cuneeds." 5. "As noted in the positioning logs indimajority of their day 6. "On August 24,	ige 1 urch. There was no outings occurred in prior reviews, direct as the nurse on duty lacked basic knowled rent health care properties prior reviews, class licated that they sperty sitting in their wheels and program, she was not a sitting in their wheels and program, she was not a sitting in their wheels and program, she was not a sitting in their wheels and program, she was not a sitting in their wheels are program, she was not a sitting in their wheels are program, she was not a sitting in their wheels are program, she was not a sitting in their wheels are program, she was not a sitting in their was not a sitting in their wheels are program, she was not a sitting in their was not a sitting in the sitting in their was not a sitting in the sit	August care staff at the dge of the blems and members' and the slichairs."	1 000				
	with a laceration or Resident #2 was ta treated, and releas forehead, which we days. This serious reported to the cou 7. "There was no neurologist's 8/2/0"	n the right side of her aken to the emergen- ed with staple(s) in here to be removed in reportable incident of art monitor's office." evidence that Reside 7 recommendation to ad Phenobarbital leve	forehead, cy room, eer seven was not en #2's					
	8. "Since March 2 pounds, which is o There was no evid intake is being clos that there was follo	007, Resident #1 had ver 10% of her body ence that Ms. Reside sely monitored and re ow-up to her incomple ram, which took place	weight. ent#1's ecorded or ete					
-	dietician had cond assessment of the nutrition status and	evidence that Reside ucted a review and changes in Residen d her weight loss. Th	t#1's					-
Health Regu STATE FOR	ulation Administration RM •			zana D	W0411		lf continual	ion sheet 2 of 30

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STATEMEN AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G119		R/CLIA MBER;	A BUILD		rion :	(X3) DATE SU COMPLE	
NAME OF F	PROVIDER OR SUPPLIER	09G119	··	B WING				10/05	5/2007
IDI			4515 EDS WASHING	ON PLACE	, STATE, ZIP CODE E, NE 20019	:			ì
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1 047	recent nutrition assinecord was dated 8 current or accurate nutrition/weight state 10. "In addition, altiphysician, registere of Nursing were not abnormal blood-glue 8/21/07) and 54 (obwhich represented a blood-glucose level no evidence any foll abnormalities." 11. "Since March 20 sustained an unexplication of the control of the cont	essment filed in Resi /13/06, and it was no portrayal of the client us." hough Resident #1's d nurse, and agency ified of Residen t#1's cose levels of 39 (obt tained on 8/27/07), et a marked changed fro of 98 in April 2007, th ow-up to these 207, Resident #5 has ained weight loss of in the prior review, nei i' nor her QMRP's rep 's weight loss." copies of the class in ment Plans, which we mbers' Medical, ISP, are not complete, cur is served away from the cost of the dietary needs of the dietary needs of in the Individual met as evidenced by: in, staff interview and in failed to ensure the	Director tained on each of om her here was also 8.5 ther corts hembers' ere filed and rent, or	1000	1047 3502 This Stad as evide Reference W120. F Report,	nced by response	ll be w se to Deficier	net	
ealth Regulati ATE FORM	ion Administration	- Tarou uid	PARU		VO411			continuation e	heet 3 of 30

PRINTED 10/22/2007 FORM APPROVED:

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDÉNTIFICATION NUI		A. BUILDII	IPLE CONSTRUCTIO	ril	(X3) DATE COMPL	
		09G119	_	B. WING_		 	10/0	05/2007
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	1		
ומו			4515 EDS WASHING	TON PLACE	. NE 20019	 *		
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I 047	Continued From pa	ge 3 "		1 047		,		
	residents dietary needs for one of the four residents in the facility. (Resident #1)				:	· 		
	The finding includes:				:	:		
-	On October 2, 2007 at 7:20 AM, Resident #1 was observed using an angled spoon during her breakfast. On October 2, 2007 at the day program, the client was observed eating her lunch. The client had an adaptive plate and built up handled spoon. At the dinner meal on the same day the resident utilized an angled spoon for eating. Record reveiw revealed that the resident was prescribed an angled spoon during meals. The day program observation was brought to the attention of the Qualified Mental Retardation Professional (QMRP), who was not aware that the day program was not using the recommended adaptive feeding equipment at her day program.			-				
1 056	3502.14 MEAL SER	RVICE / DINING ARE	AS	1 056	1056	1		
	preparation and ser care of equipment,	train staff in the ston ving of food, the clea and food preparation conditions at all time	ning and		3502.			
·	Based on observation review, the GHMRP GHMRP staff was true preparation and servare of equipment, a	met as evidenced by on, interview and rec ty failed to ensure the rained in the storage, ving of food, the cleat and food preparation conditions at all time	ord lat each ning and In order		This Sta as evide	dute wil nced by	l be met	·
	The finding Includes				- !	•	· '.	,
ealth Regula	The facility failed to atton Administration	ts In						

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTI A. BUILDIN	PLE CONSTRUCTI G	ION	(X3) DATE SU COMPLET	
		09G119		B. WING _		·	10/05	/2007
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE			
101				ON PLACE, TON, DC 2				
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I 056	Continued From pareparation for dinary on October 2, 200° a package of raw positting on the count chops was warm to menu Indicated that for dinner. 3502.19 MEAL SEI Each GHMRP shall cleaning all equipment the preparation and This Statute is not The finding include On October 2, 200 sitting on the kitches on it. 3504.15 HOUSEK Each GHMRP shall least seven (7) of this or her daily at This Statute is not Based on observation.	rige 4 her. 7 from 1:00 PM until ork chops was obsert top. The package of touch. Review of the pork chops was on RVICE / DINING AR II have effective proceed and work areas diserving of foods. The food processor counter top with we be changes of clothing and civities.	4:00 PM, rved e of pork he dinner the menu EAS edures for used in y: r was rater drops esident has appropriate y: w, the	I 056	omer will proper to sanitation schedul as neede 1061. 19 This State endured for the bear of the cheaning to fur with the 3504. 15	revew a super man experient will by a duty of the second of the placed in Manager whom iter there end his stand	nd discuss on and chartons. nager will mal training tritional management a met as and just found about a complete one procedure compliance areas	10.6.07 ongoing on
	clothes for one of t sample. (Resident	•			report.	recurrence	deficureis	,
•	The finding include	<u> 1</u> 5.	• . •			i		,
	<u>t</u>	7 Resident#1 shirt a	ppeared					
Health Regu STATE FOR	Ilation Administration			6800	DWD411	1	If coeffered	ion sheet 5 of 30

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	R/CLIA MBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCT	ION	(X3) DATE SU COMPLE	
		09G119		8. WING _		;	10/05	5/200 7 ;
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1 056	Continued From pa	ge 4 `		1 056	i i			
	preparation for dinn	ier.				;		
	a package of raw p sitting on the count chops was warm to	7 from 1:00 PM until 4 ork chops was obser er top. The package touch. Review of th t pork chops was on	ved of pork e dinner		proper	memper me mar	nd discuss on and clations. nager will mal training ritional Management	
I 061	Each GHMRP shal	RVICE / DINING ARE I have effective proce ent and work areas t	edures for	1061	1061 3502.19 This Stati	ite will k	e met as	:
	the preparation and	serving of 1000s.			engine	ia bys	• 	1
	The finding include. On October 2, 2007	met as evidenced by s: ', the food processor n counter top with wa	was	•	for cho	insed of placed in puning v	fand About duch Wouhen then observation compleke	۶ ۵
l 108		assure that each res hanges of clothing ap		I 108	Cleaning and with the surface of the	on itor ther ens his standa	ment procedu work areas ure compliance ard,	res :
	Based ол observati GHMRP failed to ha	met as evidenced by on and staff interviev ave apporapriately fit ne four residents in th #1)	v, the ting		Reference W137 Mpnt.	respons Federal	e to deficurely	10:31:07 ongoing
,	The finding include	5: -	٠. ،			:		
	On October 2, 2007	Resident #1 shirt ap	peared		: 1	· ·	,	
lealth Regul	ation Administration				•	· ·		<u> </u>

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l 10B	too big as the arms hands. Interview we the resident's clothe indicated that she haterview with the CProfessional (QMR resident has loss we hands.)	ge 5 of the shirt hung over ith the staff acknowled ith the staff acknowled ith the staff acknowledge ith the date oncerned with her concerned with the date.	edged that d s. rdation ed that the	I 108			
l 135	order to test the eff four (4) times a year This Statute is not Based on interview	I conduct simulated fectiveness of the plans	n at least	i 135	This Statute viet as evidenced by	e be met	
Jeath Dec	The finding include: On October 3, 2007 drill records reveale held during the hou AM. Observations revealed that there residents that resid completely depende interview with the H day, she revealed the staff and one nurse Further interview th acknowledged that during the aforement the three staff at nice eight non-mobile re	s: 7, at 7:55 AM a review of that fire drills had a resident that fire drills had a review of 2:00 AM throughout the surveare eight non-mobile in the facility who are tupon the staff. In ouse Manager on the tat there are two directs on duty during the next.	not been h 5:00 y are are e same ect care light. uate how euate the		w Home Manager will routine fire drills times. Home Manager wand additional staff reeded.		3
tealth Regul	ation Administration M			sand . C	DWO411	If continuation sheet 6 of 3	اب 30

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Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interviews and record review, the facility falled to achieve compliance with State regulations pertaining to health (22 DOMR Chapter 35, Section 3509.6). The finding includes: The State regulatory agency conducted a review of personnel records on October 4, 2007, at which time there was no evidence that two direct support staff. [Staff #10 and #11], one agency support staff. [Staff #10 and #11] one agency support staff. [Staff #10 and #1] one agency support staff. [Staff #10	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY	FULL /	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE COMPLETE .
Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on Interviews and record review, the facility falled to achieve compliance with State regulations portaining to health (22 DCMR Chapter 35, Section 3509.6). The finding includes: The State regulatory agency conducted a review of personnel records on October 4, 2007, at which time there was no evidence that two direct support staff, [Staff #12] two nurses and two professional health care consultants had current health cortificates. 1281 3514.2 RESIDENT RECORDS Each record shall be kept current, dated, and signed by each individual who makes an entry. This Statute is not met as evidenced by: Based on record review the GHMRP failed to ensure each residents records were dated and signed by the individual completing the assessment or monitoring the lab profiles.	1 206	Continued From pa	ge 6		1 206		
Based on interviews and record review, the facility falled to achieve compliance with State regulations pertaining to health (22 DCMR Chapter 35, Section 3509.6). The finding includes: The State regulatory agency conducted a review of personnel records on October 4, 2007, at which time there was no evidence that two direct support staff, [Staff #10 and #11], one agency support staff, [Staff #12] two nurses and two professional health certificates. I 291 3514.2 RESIDENT RECORDS Each record shall be kept current, dated, and signed by each individual who makes an entry. This Statute is not met as evidenced by: Based on record review the GHMRP failed to ensure each residents records were dated and signed by the individual completing the assessment or monitoring the lab profiles. A Health Centhicats for two direct support staff [#10 and #1] one agency one agency support staff [#10 and #1] one	1 206	Each employee, pri annually thereafter, certification that a h performed and that would allow him or l	or to employment an shall provide a phys lealth inventory has t the employee 's hea	ician 's seen alth status	206	1 .	
TATE FORM		Based on interviews facility falled to achi regulations pertaining Chapter 35, Section The finding includes The State regulator of personnel record which time there was support staff, [Staff support staff, [Staff professional health health certificates. 3514.2 RESIDENT Each record shall be signed by each individuals and record residents are each residents assessment or more	s and record review, feve compliance withing to health (22 DCM) 3509.6). s: y agency conducted s on October 4, 2003 as no evidence that the # 10 and #11], one #12] two nurses and care consultants had also seekept current, dated vidual who makes ar met as evidenced by yiew the GHMRP failints records were dated all completing the	the State IR a review 7, at wo direct agency two direct current current entry.	l 291	as evidenced M leath leathcates for support staff [#1] one agency supp two nurse and hearth care con been filed. Human resource & to track I mind verification of he verification of he veriews.	two direct 0 and #1) ongoing ont Staff #12 two prizerum nutants have of well continue or and request.
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	The findings includ	e:		ļ	1			
		mary care physician lesident #1's abnorm			(1.) Referen Scherol report 1	ce respons deficience N322	ue to	10:18:07
	28, 2007, revealed drawn on August 1 glucose results we These results were	plaint received on Se that Resident #1 had 8 and 24, 2007. The re 39 and 54 respect noted as being belo mented as 74 - 105.	d blood blood tively.					
-	2007 revealed that reviewed the result	ratory report dated A the Primary Care Ph s, however he did no e determined if the re ely.	ysician ot date his		-			
•	2. The facility's Re sign Resident #4's	gistered Nurse(RN) quarterly reviews	failed to		(2) Referen Gederal W322	ne respons L'deficien	cy report	10.18.07 ongoing
	Nurse (LPN) on Od 3:00 PM revealed if completes quarter the Resident #4's r nursing assessmet 2007, with quarter September 2007).	acility's Licensed Practober 4, 2007 at appoint the one of two Ry nursing exams. Remedical record reveant was completed in ly follow ups (June 20 However, the quarterly reviews.	roximately IN eview of led that a March 107, erly		W322			
l 37 4	3519.5 EMERGEN	CIES		1374	1374			
	GHMRP shall pron guardian, his or he no guardian, or the sponsoring agency	ces have been secur nptly notify the reside r next of kin if the res representative of the r of the resident's st	nt 's sident has					
_	letion Administration		•			1:	•	
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FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDERVSUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G119 NAME OF PROVIDER OR SUPPLIER 10/05/2007 STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE IDI WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (XS) COMPLETÉ PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1374 Continued From page 8 1374 soon as possible, followed by written notice and documentation no later than forty-eight (48) hours after the incident. This Statute is not met as evidenced by: This Statute will be met Based on staff interview and record review, the as evidenced by: GHMRP failed to provide evidence of the prompt notification of parents or guardians of significant incidents for one of the four residents in the samole. The finding includes: Alberence response to Review of the facility's unusual incident reports and investigations on October 2, 2007 at W153 and W154, of 11.13.07 approximately 8:20 AM, revealed evidence that Federal Deficiency report. ongowa the facility failed to notify family members immediately of the following significant incidents: a. On April 17, 2007, staff discovered Resident #2 with a three centimeter discoloration on her left thigh. b. On August 24, 200, Staff discovered a laceration to Resident #2's head for which she was treated in the emergency room. 1 379 3519.10 EMERGENCIES 1379 1379 3519,10 In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of This Statute will be met Health, Health Facilities Division of any other as evidenced by: unusual incident or event which substantially interferes with a resident's health, welfare, living # Reference response to arrangement, well being or in any other way W153 and W154 of places the resident at risk. Such notification shall be made by telephone immediately and shall be Federal Deficiency followed up by written notification within twenty-four (24) hours or the next work day. Report. Health Regulation Administration

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	This Statute is not Based on interview failed to ensure the notified of unusual substantially interference and welfare within twork day. The finding include: Review of the incide beginning at 8:20 / incidents had not be Agency as required a. On April 17, 200 #2 with a three centleft thigh. b. On September 1 a "mark" on Resident a "mark" on Resident d. On July 9, 2007, abrasion on Resident f. On June 24, 200 bruise on Resident f. On June 18, 200 blister on Resident 3520.2(d) PROFES PROVISIONS Each GHMRP shall	met as evidenced by record review, the Group review, the Group per per per per per per per per per pe	HMRP th, was hat ht's health the next er 2, 2007 wing state desident on her scovered d a an an d a ENERAL fied	1 394	a amel received con Action for facture notify Departments. a amel will ensul investigated in a mounter. a Documentation will be maintain frie to support taken.	that all posted and a timely werification	11.20.07 ongoing
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ASSISTANCE ASS	NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		10/05/2007	- :
I 1394 Continued From page 10 professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional steriled, and licensed as required by District of Columbia law in the following disciplines or areas of services: (d) Nutrition; This Statute is not met as evidenced by: Besed on interview and record review, the GHMRP failed to have evidence that it employed a qualified dislician to meet the Resident's needs for two of the five delatis in the sample. (Residents #1 and #5) The finding includes: 1. Resident #1's record was reviewed on October 3. 2007. The Resident had a nutritional assessment on August 31, 2006. Review of the Residents weight records revealed that she had lost 9 pounds (leb) from March to April 2007, and continued to gradually lose weight. The last record weight was in October 1007, and continued the gradually lose weight. The last record weight was in October 1007, and continued to gradually lose weight. The last record weight was in October 1007, and continued that the reliable body weight of 85 - 110 lbs. Further raview of the record failled to show evidence that the Resident's nutritional status had not been monitored by a delicition quarterly (1st quarter September 2006, January 2007, and February 2007) as required. [See Also W322] 2. According to a nutritional assessment dated **This Statute worth approving the record failed to show evidence that the Resident's nutritional status had not been monitored by a delicition professional services and the record failed to show evidence that the Resident's nutritional status had not been monitored by a delicition professional services and the record failed to show evidence that the Resident's nutritional status had not been monitored by a delicition professional services and professional services and professional services and professional services and professional services	101			4515 EDS WASHING	SON PLACE	, NE			
professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by bistrict of Columbia law in the following disciplines or areas of services: (d) Nutrition; This Statute is not met as evidenced by: Based on Interview and record review, the GHMRP failed to have evidence that it employed a qualified delician to meet the Resident's needs for two of the five cleints in the sample. (Resident #1's record was reviewed on October 3, 2007. The Resident had a nutritional assessment on August 31, 2006. Review of the Residents weight records reviewled that she had lost 9 pounds (lbs) from March to April 2007, and continued to gradually lose weight. The last record weight was in October 2007 and the Resident weight page 18. It was noted, however that she remained within her ideal body weight of 85 - 110 bis. Further review of the record failed to show evidence that the Resident's network of the record reproduced to show evidence that the Resident's number 2006, and 2nd quarter December 2006, January 2007, and February 2007) as required. [See Also W322] 2. According to a nutritional assessment dated Antificial reproductive of the record failed to show evidence that the Resident's number 2006, October 2009, and November 2007, and February 2007) as required. [See Also W322] 2. According to a nutritional assessment dated	PRÉFIX	(EACH DEFICIENC)	(MUST BE PRECEDED BY	EUU I	PREFIX	CROSS-REFERENCED TO	TION SHOULD THE APPROPI	AE COMPI	LETE.
TATE FORM		professional staff to necessary professional concessary professional accordance with the individual habilitation necessary by the inprofessional service limited to, those ser trained, qualified, and District of Columbia disciplines or areas (d) Nutrition; This Statute is not a Based on Interview GHMRP failed to has a qualified dietician for two of the five clock (Resident's #1 and The finding includes 1. Resident #1's red October 3, 2007. The assessment on Aug Residents weight relost 9 pounds (lbs) from the finding includes 1. Resident weight relost 9 pounds (lbs) from the finding includes 1. Resident weight was in Resident weight 92 if that she remained weight 92 if that she remained weight 92 if that she remained weight status had not been quarterly (1st quarter 2006, and November 2006, and November 2006, and November 2007) as required. [S	carry out and monitional interventions, in e goals and objective in plan, as determine terdisciplinary team, as may include, but novices provided by include as required law in the following of services: met as evidenced by and record review, the evidence that it ento meet the Resident eints in the sample. #5) cord was reviewed or the Resident had a nust an experience of the sample. #5) cord was reviewed or the Resident had a nust an experience of the sample. #5) cord was reviewed or the Resident had a nust an experience of the sample. #6) cord was reviewed or the Resident had a nust an experience of the sample. #6) cord was reviewed or the Resident had a number and the sample. #6) cord was reviewed or the Resident had a number and the sample. #6) cord was reviewed or the Resident had a number and the sample. #6) cord was reviewed or the Resident had a number and the sample. #6) cord was reviewed or the Resident had a number and the sample. #6) cord was reviewed or the Resident had a number and the sample. #6) #6) #6) #6) #6) #6) #6) #6	s of every d to be The ot be dividuals ed by seemployed the needs of the head		This Statute was evidenced by as evidenced by a Nutritionist was reeded overs and will be notificated will be notificated were increase/decreased.	ill be moved of of ght trends	ide 25 10.18. ongoi	
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weight (18W) of Resident's weight Resident's weight Resident #5 had from March 2007 well within her id of the record lack nutritional status dietician quarter! October 2006, a quarter March 2007 and wardent was not away a reliable dieticial that the provider had completed not the Residents on records verified the necessary assessi	Resident #5 had an id 33 - 122 pounds. Revie ht charts revealed that an 8.5 lbs decrease in to August 2007; she real body weight. Furthered evidence that the Rhad been monitored by (1st quarter Septembro November 2006, an 07, April 2007, and Mass in the GHMRP on Oview conducted on Octat that the GHMRP was in her absence. She in had re-hired her and that the fulfitional assessment or October 2, 2007. Reviewents which were date that the nutritionist comparents which were date	leal body ew of the although weight remains er review lesident's a ler 2006, d 3rd y 2007)as ectober 2, ober 3, a year off s without indicated at she m all of ew of the	1394				
current dietician was reliable." However provider contracte was not providing required in his/her 1 395 3520.2(e) PROFE PROVISIONS Each GHMRP shap professional staff to necessary profess		RP sry I, the I, who t as ENERAL I:	395	1395 3520.2 This Sta as evid	tute will enced by	be met	

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(395)	individual habilitation necessary by the improfessional service limited to, those service limited to, those service limited to, those service limited to, those service control of Columbia disciplines or areas (e) Nursing; This Statute is not Based on staff inter GHMRP failed to er accordance with the Residents in the salf with the findings included the findings included the feeding. The GHMRP's L #3's physician order give pleasure feeding. On October 3, 2007 Practical Nurse (LP Resident #3 through feeding ended at 11 LPN was observed pleasure feeding of with the LPN indicate been doing well with Review of Resident required the Resident required the Resident required the services of the services are serviced the Resident required the Re	an plan, as determine terdisciplinary team. es may include, but no rvices provided by include as require law in the following of services: The as evidenced by view and record revinsure nursing services aneeds of three of formple. (Residents #2) E. PN falled to follow R or that required the nurge 15 minutes after recording the Resident of the Resi	The not be dividuals red by the es in our , #3 and esident ree to egular censed ding tube M, the his rview had g. In order esidence es in order	1395				
	feedings 15 minutes after each schedule G-Tub feeding (11:00 AM, 4:00 PM and 8:00 PM). Further interview with the Registered Nurse on October 3, 2007 at approximately 2:00 PM revealed that the Resident should wait the				-			-
	itlen Administration						<u> </u>	
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l 3 95	Continued From parequired 15 minutes was "not overloade 2. The GHMRP's medical consultatio #3, timely. a. Interview with the Professional (QMR AM, revealed that Pethe GHMRP on Ma 2007 the Resident Physical Therapy a 2007. The assessment dated for the GHMRP of the GHMRP's mesults for Resident Review of Resident Review of Resident Review of Resident	ge 13 s to ensure that his sid with liquids." surse failed to schedon appointments for F e Qualified Mental R P) on October 2, 200 Resident #3 was admirch 26, 2007. October 26, 2007. The survey from October 26, 2007. The mended that the Resident April 24, 2007. The mended that the Resident as a spasticity clinicurse failed to obtain #4. #4's medical record	tomach le Resident etardation 7 at 9:40 litted to er 2 - 5, heelchair, ealed a ril 24, that the ctober 2, t #3 was 007. ctober 2 - lesident's eapy sident ic. PSA lab revealed	1395	1395	e respons wast, w	e to W322, 96	
	a physician order for the Resident to receive a PSA level. According to the lab profiles the test was administered on July 12, 2007. At the time of survey, however, there were no PSA results, available.					•		
- 10° -		urse failed to obtain	Dilantin	<u> </u>	<u> </u>	: : - : - : : : : : : : : : : : : : : :		
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	and Phenobarbital physician as evider Resident #2 was of mg and Phenobarb at 6:35 PM. Review consultations revea August 2, 2007. The obtaining monthly Dievels, complete me blood count with diff Resident was to ret results in two month reflecting the recommercord. Review of the evidence that a Phe was obtained in August as ordered. So The GHMRP is nurse of that blood levels shown as the blood levels shown as the blood levels shown as the blood levels shown as offered. The GHMRP failed study for Resident #4 was ser Review of the Review of the Resident #4 was ser Review of the Res	levels as ordered by need by the following: bserved receiving Dilated 90 mg on Octobe w of the Resident's nated that she was see ne Neurologist recombilantin and Phenobal etabolic panels, and offerentials twice per yourn to his office with and the laboratory reports enobarbital and Dilantingust 2007, however our 2007. Interview with no October 4, 2007 revould have been drawned to obtain a swallow 4. If the meals throughour 2 - 5, 2007 revealed red a pureed diet, ent #4's medical recombined and been scheduled months after the ooctober 2, 2007 at PM. Resident #4 was	antin 150 er 2, 2007, eurology n on mended rbital complete ear, The all lab ed in the failed to cin level ne was h the vealed n in wing at the that ed for rder.					
alth Regulati	ion Administration	- regioeit Mesis dis	pers.		;			l K
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A BUILDII		(X3) DATE SURVEY COMPLETED		
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1 395	Continued From pa	ge 15		1 395			
,	Review of the Resident's nursing notes on October 4, 2007 at approximately 11:00 AM revealed that the Resident had a urology consult on July 26, 2007 and should return in one year. However, there was no medical consultation sheet to confirm that the appointment had been completed. 7. The GHMRP's nurse failed to ensure that Resident #2's health status was reviewed by the Registered Nurse on a quarterly or more frequent basis. [See W336]				(7) Reference response Sederal deficies	to W336 vcy raport	
1 396	Dasis. [See W336] 6 3520.2(f) PROFESSION SERVICES; GENERAL PROVISIONS			1 396	1396		
	PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:				3520.2 (F)		
	(f) Occupational Ti		ļ				
	This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for current licenses for all consultants.			,	This Statute will as endemed by	be net	-
	The finding includes:				i		
andth Flore	Review of personnel records on October 4, 2007 at 8:15 AM revealed the professional license for the facility's occupational therapist was expired, lation Administration				Professional license occupational ther	apist has	
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			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		TIPLE CONSTRUCT	οи	(X3) DATE S	
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1 396	Continued From pa	ge 16		1 396				
	The QMRP was informed of the lack of current license for the aforementioned professionals in accordance with the Health Occupation Revision Act (HORA), Title 3 Chapter 12, Section 3-1205.13 ("Each licensee shall display the license conspicuously in any and all places of business or employment of the licensee.")				continue	to track	sistant will and monito and provide eded to omphance his standard.	
1 398	398 3520,2(h) PROFESSION SERVICES: GENERAL PROVISIONS			1 398	<u> </u>	+ KHIW	nis standard.	i
	Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the Interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:				1398 3520.2	z. (A)		
	(h) Social Work; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for current licenses for all consultants.				This State as evide	med in	4	
alth Regula	The finding includes: Review of personnel records on October 4, 2007 at 8:15 AM revealed the professional license for the facility's social worker was expired. The QMRP was informed of the lack of current license for the aforementioned professionals in accordance with the Health Occupation Revision Act (HORA), Title 3 Chapter 12, Section 3-1205.13 ("Each licensee shall display the lation Administration				Reference 3520,2 and head	respons to	e to ses juiales	11.6.07 ongoing
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1 398	Continued From pa	age 17		1 398				1
	license conspicuously in any and all places of business or employment of the licensee.")			İ		·.		1
1 432	3521.7(c) HABILITATION AND TRAINING			1 432	1432		-	:
	The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (c) Percental hydrogene (including washing, bathing			·	(c.) ampp	will profit	te addutional	huncy:
	(c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care);			<u> </u>	Shamp wenst	bing, bru	te addutional area of bot land teeth a. I mot as	and'
	This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure residents were effectively trained in tooth brushing.				erdene			Cingono(,
	The finding includ	es:			a anner u	n for a	p toothbrushe went #3.	P ²) !
	a dental consultat	nt #3's medical recor ion dated June 6, 20t ated that the client ha and poor oral hygien	07. The ad heavy		program welled	will ensure s current wes.	that IPP goals and	;
	Review of the IPP identified a toothb	dated April 25, 2007 orushing program.	failed to			; ; ;		
1 437	3521.7(g) HABILITATION AND TRAINING			1 437	1437 3521.7 G);) ;		1
	The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:							:
	(g) Communication (including language development and usage, signing, use of the telephone, letter writing, and availability and utilization of communications media, such as							,
Heálth Rag	ulation Administration				- "		H (cheet 18 c/2/

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUT 09G119	R/CLIA MBÉR,	(X2) MULT A. BUILDIN B. WING		IQN	(X3) DATE SURVEY COMPLETED	
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I 437	telephone, and suc may be required); This Statute is not Based on observati review, the facility f	magazines, radio, the specialized equipment as evidenced by ion, staff interview an alled to provide hability of the four residents sidents #3 and #4)	ent as d record	I 437	This Star evidence	tute will d by:	be met as	
	 On October 3, 2007 Resident #4's home activities from 8:00 AM to 1:30 PM were observed and revealed the following: a) Upon the surveyors arrived to the home at 8:00 AM Resident #4 was observed at the kitchen table preparing to eat his breakfast. The resident was served his breakfast and did not participate in the meal time preparation or service. Although the resident was independent in feeding himself, staff used hand over hand assistance to encourage him to complete his meal. b) At approximately 8:30, after completing his breakfast, the resident was taken to his bedroom Where he remained until lunchtime. The resident was periodically observed in his bedroom lying on his bed without any without constructive/habilitative activities. c) At approximately 12:00 PM, the resident was escorted in his wheelchair to the living room and positioned in front of the television. d) During lunch, at approximately 12:30 PM, Resident #4 was observed exhibiting face 				# Reference deficie W260,	ce respons	to lederal it W250,	11.14.07 ongany

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
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1 437	THE WAR A TONY OF LOO INCLUSIONING INCORMATIONS							
Review of the Resident #4's IPP revealed objectives to enhance sensory awareness, to improve lower range of motion and strengthen Health Regulation Administration			ness, to				<u></u>	
-				4490	W0411	1:	if continue	uon sheet 20 of 30

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER.				A. BUILDI		אסו	(X3) DATE SURVEY COMPLETED			
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-	auditory skills. At no did the staff direct elegarticipate in any of objectives as evider al. Three times per yfeel/manipulate item minutes with hand consecutive months are let minutes with the Q Professional (QMRF revealed that there yeared that the program was being in the facility QMRP coprogram was being in the program objectives. The facility QMRP coprogram objectives. The facility falled program objectives. a) Interview with the at 9:40 AM indicated admitted to the facility During evening obsefrom 3:45 PM throug not engaged in any for treatment programs. At 3:30 PM, the clien program and shortly 3:45 PM, was taken observed to lie in bed	nd to improve ambulo time during the observation of the aforementioned inced below; week, the resident was in his feel box for ever hand assistance by 10/07. ualified Mental Retail by 10/07. ualified Mental	servations ent' to program ill three for six rdation 7 with er, ieved the the box. lent #3's 2, 2007 s 7. 2, 2007 t #3 was tive his day simalely was resident	1437						
was observed to need total assistance in transferring from his wheelchair to and from bed.				-					· 	
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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			A. BUILDING	:	D'N	IX3) DATE SI COMPLE	
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l 437	Continued From pa	ige 21		1437	}			
	At 6:55 PM, the restiving room and postelevision, where he his G-tube feeding observation that the with a choice of less the resident in any b) Review of Resid 2007 revealed and on the edge of the times a day without There was no observaticipating in this data sheets since were documenting	eceived vas no resident rengaged pril 25, nt will sit three months. ent						
	c) Review of Resid 2007 revealed and tolerate stretching	dent #3's IPP dated A objective that the resi to his lower extremiti ch stretch for six mo	ident will es daily		: : : : :	- - - - - - - - - - - - - - - -		
	participating in this sheets since June	ervations of the reside activity. According t 2007 the direct care ne number of minutes	to the data staff were		:			,
	d) Review of resident's IPP dated April 25, 2007 revealed an objective which stated, "Five days a week, given hand over hand assistance, [the resident] will make a selection of what clothes to wear daily in 80% of the trials presented for six consecutive months by April 2008." On October 2, 2007 at 3:45 PM, a pair of jeans and shirt was observed on Resident #3's nightstand. Interview with the direct care staff at 6:00 PM indicated that the clothes were selected				:			
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юаци кеди	NAUUN AUMINISTRATION				:	1.1		

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NAME OF PRUVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 7IP CODE 4515 ELDSON PLACE, NE WASHINGTON, DC 20019 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEPRICINCISTS (PACH DEPOCHAGE WINDS 16 PRECEDICD BY THAN TAG I 437 Continued From page 22 by the staff for the resident to wear on the next dry. There was no evidence that the facility encourage the resident to participate in this teak. 3. During the evening meal observation on October 2, 2007, Resident #1 at the remail with minimal to no assistance from staff. Upon the competion of the real, the staff who was assisting the client with her meal, passed the dish and eating utensite to another staff person who was located in the kitchen. Review of the resident IPP objective on October 4, 2007, revealed that the resident had a goal to increase her activities of daily iving skills. To accomplish this goal, the resident was required *1. after dinner meal, given physical assistance, [Resident Name] will remove her plate to the kitchen on 100% of the trials presented for six consecutive months.** On October 2, 2007, Resident #1 was not afforded an apportunity to participate in this IPP goal. 1441 3521.7(k) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (k) Mobility (including ambulation, transportation, mapping and orientation, and use of mobility equipment): This Statute is not met as evidenced by; Based on observation, staff interview and record review, the GHMRP failed to ensure the habilitation of its residents included training in the area of mobility for one of the four residents in the facility (Resident #3). The finding includes: Health Raguetten Administration	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
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TAG RESULTION OR LOS IDENTIFYING INFORMATION) 1437 Continued From page 22 by the staff for the resident to wear on the next day. There was no evidence that the facility encourage the resident to participate in this task. 3. During the evening meal observation on October 2, 2007, Resident #1 atte her meal with minimal to no assistance from staff. Upon the completion of the meal, the staff who was assisting the client with her meal, passed the dish and eating utensils to another staff person who was located in the kitchen. Review of the resident IPP objective on October 4, 2007, revealed that the resident had a goal to increase her activities of daily living skills. To accomplish this goal, the resident was required ". after dinner meal, given physical assistance, [Resident Name] will remove her plate to the kitchen on 100% of the trials presented for six consecutive months. On October 2, 2007, Resident #1 was not afforded an opportunity to participate in this IPP goal. 1441 3521.7(k) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (k) Mobility (including ambulation, transportation, mapping and orientation, and use of mobility equipment); This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to ensure the habilitation of its residents included training in the area of mobility for one of the four residents in the facility. (Resident #3). The finding includes: Health Regulation Administration	ומו			4515 EDS WASHING	ON PLACE TON, DC 2	, NE 10019			
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		mapping and orientation, and use of mobility equipment); This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to ensure the habilitation of its residents included training in the area of mobility for one of the four residents in the facility. (Resident #3)				This Statut eurdenced	e well be m long;	et as	
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	activities from 8:00 observed and reversal and reversal and reversal Upon the survey AM Resident #4 was table preparing to a was served his bree in the meal time protection the meal time protection the meal time protection that used hand over encourage him to construct the client where he remained was periodically obhis bed without any constructive/hability of the client where he remained was periodically obhis bed without any constructive/hability of the constructive in his when positioned in front of the client ceased the staff did provide an redirection/intervent current Behavior Singurent Behavior Singurent to stop. If the was required to mothis face and continue) After lunch, at a care staff took the callon Administration	7, Resident #4's home AM to 1:30 PM were aled the following: wors arrived to the hores observed at the kits at his breakfast. The akfast and did not pare a paration or service, pendent in feeding her hand assistance to complete his meal. 8:30, after completing the was taken to his bedroom without activities. 7 12:00 PM, the client elicibility activities. 7 12:00 PM, the client elicibility activities. 8 approximately 12:30 been direct care staring "Oh, no we won't her behavior moments.	ne at 8:00 chen e client rticipate Although imself, g his droom e client m lying on was boom and PM, ce ff lave that". arily. The e Client's d on k the he staff down from tegles.		1441 Reference defecten W250, W224 of Rede	Moz, was deficient	D Yederal , W 196, M120, W193 rency report,	11.18.07 on going
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441	Continued From p	page 24		I 441				
	revealed that Res basic personal ne	staff on October 2, 20 ident #4 dependents o eds 07, the client was obs	on staff for					
·	wearing an adult dependent on sta morning of Octob observed assistin staff confirmed th	protective under garm ff for toileting. Also or er 2, 2007, the staff w g the client with his jar at the client needs as sing and tolleting.	ents and the as cket. The		77 A 77 A 77 A 77 A 77 A 77 A 77 A 77			:
	October 4, 2007 revidence of training Further review of failed to review the	ent's habilitation record revealed no document ng programs in these the client's habilitation at the client's persona entified/assessed.	ed domains, records	-	•			:
	recommended tra	sident #4's IPP reveale sining programs were emented as evidenced	not		:			:
	objectives to enhimprove lower rail lower extremities auditory skills. Add the staff directions	esident #4's IPP revea ance sensory awarence age of motion and stree, and to improve ambut t no time during the ob- t encourage, the clien of the aforementioned denced below:	ess, to engthen ulation and eservations t to					
	feel/manipulate it	er week, the client will ems in his feel box for d over hand assistance ths by 10/07.	r three	-				
Interview with the Qualified Mental Retardation Professional (QMRP) on October 4, 2007							·	
Health Regi STATE FOR	ilation Administration		-	1500 D	WO411		If continuati	on sheet 25 of 30

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER.			A. BUILDIN	PLE CONSTRUCT	NĞI	(X3) DATE S COMPLE		
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441	Continued From pa	ge 25	ĺ	1441				i
	such items. Review revealed that the properties and the required objective, The facility QMRP or program was being b) [The client] will or the reverse of	nat the client had act	er, neived the w the ut the box,					
	program had been was no evidence the implemented during Additionally, the dathe progress of the difference of the home moderate physical 100% accuracy for Although the October fected that this primplemented one timot observed during 2. The facility failed program objectives a) Interview with the at 9:40 AM indicate admitted to the facility gives the program objectives and the program objectives and the program objectives and the program objectives and the program objectives and the program objectives and the program objectives and the program objectives and the program objectives and the program objectives and the program objectives and the program objectives and the program objectives and the program objectives and the program objectives are program objectives.	per 2007 data collection ogram was being me a day, this program the survey period. If to implement Residue the Carlo of the Resident #3 was lifty on March 26, 200 pervation on October	past, there been measure wy252] bund the narson at on am was dent #3's 2, 2007 as 07.		Reference Federal	Deficiency	N W252 Raport.	
lealth Regul	engaged in any formation	5:55 PM, Resident #3 nal or informal active	9		:	; ; ;		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		9N	(X3) DATE SURVEY COMPLETED		
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1 441	Continued From pa	ıge 26		1 441			·	
	treatment programs.				:		! ! !	
	program and short 3:45 PM, was take observed to lie in to was observed to no transferring from h	ent arrived home from ly thereafter, at appro- in to his bedroom. Ho ned until 6:55 PM. Th eed total assistance is wheelchair to and	eximately was e client in from bed.	•				1
	At 6:55 PM, the client was propelled into the living room and positioned in front of the television, where he remained until he received his G-tube feeding at 8:00 PM. There was no observation that the staff presented the client with a choice of leisure time activities or engaged the client in any other activity.			Referon	1		11.11.7	
٠	2007 revealed an on the edge of the	Review of Resident #3's IPP dated April 25, 007 revealed an objective that the client will sit in the edge of the bed for two minutes three mes a day without assistance for three months.		·	W196	ne nespon	e no	ongoing
-	participating in this	ervations of the clien s activity. According June 2007 the direct g only twice a day.	to the					
	2007 revealed an tolerate stretching	ident #3's IPP dated objective that the clie to his lower extremit ach stretch for six mo	ent will ies daily					,
	participating in this sheets since June	ervations of the clients activity. According 2007 the direct care the number of minute	to the data staff were					
1 458		ATION AND TRAINII		1 458		: ;		
Health Reou	Each resident 's a	activity schedule shal	l be					
CTATE COR		•		ESED	DIMOAAA	<u> </u>	If earliers	finn shoot 37 of 30

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTIO		ri	(X3) DATE SU COMPLET		
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1 458	Continued From pa	ige 27		1 458		:		- 1
	available to direct care staff and be carried out daily. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure each resident's activity schedule was up to date and current for direct care staff implementation. The finding includes:							; ; ;
					:			
					Reference	nesponse	to W196	
	AM, Resident #4 w table preparing to a was served his bre in the meal time pr the resident was in	s arrived to the home vas observed at the keat his breakfast. The eatfast and did not pare eparation or service, dependent in feeding er hand assistance to complete his meal.	itchen ie resident articipate Although g himself,					
	breakfast, the residual where he remained		s bedroom e client					-
·		2:00 PM, the client velichair to the living of the television.						
	PM, Resident #4 w slapping behaviors intervened by stati The resident cease The staff did provid redirection/intervel Resident's current reviewed on Octob	nch, at approximately as observed exhibits. The direct care stang "Oh, no we won't ed the behavior monde any further ntion. According to the Behavior Support Poer 3, 2007, required	ing face aff have that". nentarily. he					
Health Regu	ulation Administration RM			PG38	DWQ411	1.	If continuation	on sheet 28 of 30

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(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION (DENTIFICATION NUMBER: A BUILDING B WING 10/05/2007 09G119 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4515 EDSON PLACE, NE 101 WASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (XS) : COMPLETE: (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1458 458 Continued From page 28 1456 ask the client to stop. If the resident did not stop. the staff was required to move the resident's hand down from his face and continue with proactive strategies. After lunch, at approximately 1:30 PM, direct care staff took the resident on a van ride. Interview with the direct care staff and review of the habilitation record revealed that the resident had no activity schedule for that day, and no record of an alterative activity schedule. Residents Rights 1500 1500 1500 3523.1 RESIDENT'S RIGHTS 3523,1 Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute will be met as This Statute is not met as evidenced by: endenced by: Based on record review, the GHMRP failed to ensure the residents were protectioned from Reference response to W153, W159. of Gederal Deficiency injuries of unknown origin for foru of the eight 11.1307 clients residing in the facility, (Residents #2, #3, ongoing #6, and #7) The finding includes: reporti Review of the incident reports on October 2, 2007 beginning at 8:20 AM revealed the following incidents had not been reported to the State Agency as required: a. On April 17, 2007, staff discovered Residentt #2 with a three centimeter discoloration on her left thigh. Health Regulation Administration

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	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA MBER	(X2) MULTIF A. BUILDING B. WING	LE CONSTRUCTION		COMPLET	ED ,
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1 500	b. On September a "mark" on Residence. On July 16, 20 scratch on Residence. On July 9, 200 abrasion on Residence on Residence. On June 24, 20 bruise on Residence. On June 18, 2 blister on Residence.	r 11, 2007, the staff dident #3's left back arm 107, the staff discovere 107, the staff discovere 108, the staff discovere 109, the staff discover 109	n. eda - dan g- reda	I 500				
Health Reg	julation Administration			4599	DW0411	: -	if continuați	on sheet 30 of 30

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 09G119 10/05/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE IDI WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1 394 3520.2(d) PROFESSION SERVICES: GENERAL 1394 PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services; (d) Nutrition: This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to have evidence that it employed a qualified dietician to meet the Resident's needs for two of the five claints in the sample. (Resident's #1 and #5) The finding includes: 1. Resident #1's record was reviewed on Reference response 11322, W331 and W336. October 3, 2007. The Resident had a nutritional 10.18.07 assessment on August 31, 2006. Review of the ongoin6 Residents weight records revealed that she had lost 9 pounds (lbs) from March to April 2007, and continued to gradually lose weight. The last record weight was In October 2007 and the Resident weight 92 lbs. It was noted, however that she remained within her ideal body weight of 85 - 110 lbs. Further review of the record failed to show evidence that the Resident's nutritional status had not been monitored by a dietician quarterly (1st quarter September 2006, October 2006, and November 2006, and 2nd quarter December 2006, January 2007, and February Health Regulation Administration Muny Munul TITLE (X8) DATE PRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE DRS 11/9/0 STATE FORM DW0411 If continuation sheet 1 of 6

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I 394	Continued From pa	ige 1	ļ	1 394			-	
	2. According to a August 31, 2006, Regight (IBW) of 93 Resident 's weight Resident #5 had as from March 2007, well within her idea of the record lacke nutritional status had etician quarterly (October 2006, and quarter March 200 required. The nutritionist was 2007, In an intervice 2007, she indicates and was not award a reliable dietician that the provider had completed nut the Residents on Crecords verified the necessary assess October 2, 2007. Interview with the October 4, 2007 recurrent dietician with reliable." However, provider contracted was not providing required in his/her	See Also W322] nutritional assessment esident #5 had an id - 122 pounds. Reviet charts revealed that in 8.5 lbs decrease in to August 2007; she is loody weight. Furth devidence that the Fad been monitored by 1st quarter September 2006, ar 7, April 2007, and Marken et hat the GHMRP was in the absence. She is that the GHMRP was in her absence. She is that the GHMRP was in her absence. She is the nutritionist comments which were dated that the GHMRP's Administrational assessment of the comments which were dated that the GHMRP's Administrational oversight in the nutritional oversight in the nu	eal body ew of the although weight remains er review Resident's y a 2006, ad 3rd ay 2007) as cotober 2, tober 3, a year off as without indicated nat she on all of view of the apteted all ted ator, on IRP very eal, the an, who ght as	1 395	3520,2	cence res	ponse to	
v : ' !	l	ll have available qua	lified]:		
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1 395	professional staff to necessary professional staff to necessary professional service individual habilitation necessary by the improfessional service limited to, those settrained, qualified, and District of Columbio disciplines or area (e) Nursing: This Statute is not Based on staff into GHMRP failed to accordance with the Residents in the service pleasure feeding on October 3, 200 Practical Nurse (L. Resident #3 through feeding ended at L. L. L. L. L. L. L. L. L. L. L. L. L.	to carry out and moni- cional interventions, in- ce goals and objective con plan, as determin- nterdisciplinary team ces may include, but ervices provided by in- and licensed as requi- ia law in the following is of services: of met as evidenced to erview and record re- ensure nursing service he needs of three of eample. (Residents # de: LPN failed to follow ler that required the r ding 15 minutes after	es of every ed to be The not be 1395	This Statute wil as evidenced be deficiency report w331 and w33	il be met	10.18.07 organes		
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1 395	Continued From pa	age 3	-	1 395					
	Further interview with the Registered Nurse on October 3, 2007 at approximately 2:00 PM revealed that the Resident should wait the required 15 minutes to ensure that his stomach was "not overloaded with liquids." 2. The GHMRP's nurse failed to schedule medical consultation appointments for Resident #3, timely. a. Interview with the Qualified Mental Retardation								
					a Also re to VV2	ference 10, W196,	mszc responer		
-	Professional (QMF AM, revealed that the GHMRP on Ma 2007 the Resident Review of Resider Physical Therapy	RP) on October 2, 20 Resident #3 was adr arch 26, 2007. Octol was observed in a v at's clinical record rev assessment dated A ament recommended	07 at 9:40 nitted to per 2 - 5, wheelchair. /ealed a pril 24,		w224/ w24-7	W241,	W24Z 49,	11.14.07	
	Retardation Profes 2007 at 9:40 AM, admitted to the GH Observations during 5, 2007, the Resid wheelchair with tig clinical record revolutional assessment dated assessment record	the Qualified Mental ssional (QMRP) on Crevealed that Reside HMRP on March 26, ng the survey from Clent was observed in the limbs. Review of ealed a Physical The Themended that the Retion at a spasticity cli	nt #3 was 2007. October 2 - a Resident's trapy esident				-		
	3. The GHMRP's results for Reside	nurse failed to obta nt#4.	in PSA lab		:				
	Review of Resident #4's medical record revealed a physician order for the Resident to receive a PSA level. According to the lab profiles the test was administered on July 12, 2007. At the time of survey, however, there were no PSA results,							,	
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ĺ	available.							
	and Phenobarbita	nurse failed to obtain I levels as ordered by enced by the following	the	1		:		1
	mg and Phenobal at 6:35 PM. Revirconsultations reve August 2, 2007. obtaining monthly levels, complete reload count with a Resident was to results in two moreflecting the record. Review of evidence that a Pwas obtained Septem GHMRP's nurse	observed receiving Dibital 90 mg on Octobew of the Resident's ealed that she was series Neurologist recondition and Phenobe netabolic panels, and differentials twice per eturn to his office with this. A physician order mendations was not the laboratory report henobarbital and Dilakugust 2007, however per 2007. Interview was not october 4, 2007 reshould have been draid.	er 2, 2007, neurology en on mended arbital complete year. The hall laber stelled to ntin level one was with the revealed				•	
	5. The GHMRP to study for Resider	ailed to obtain a swall t #4.	lowing		:	:		,
	survey from Octo	ing the meals through ber 2 - 5, 2007 reveal served a pureed diet.	ed that					
	revealed a physic for a swallow stu- revealed that the December 18, 20	sident #4's medical recian order dated June dy. Further review of study had been sche 107, 6 months after the	19, 2007, the records duled for e order.					
	approximately 7:3	on October 2, 2007 a 30 PM, Resident #4 w				· . · . · :		
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Health Regul	staff indicated that Review of the Resi October 4, 2007 at revealed that the R on July 26, 2007 ar However, there was heet to confirm the completed. 7. The GHMRP's r Resident #2's healf Registered Nurse obasis. [See W336]	adult protective terview with the directive with the directive when the Resident wears of dent's nursing notes approximately 11:00 esident had a urologed should return in or so medical consultat the appointment had the appointment had the status was reviewed a quarterly or more	diapers. on AM y consult ne year. ation ad been that ed by the e frequent	1 395	Reference		N W336	11.14.07 ongoing
				· ·	DW0411	1.	្រ ៤០០ព្រឹកបន្ទ	ndon sheet 5 of 6

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